



FARMERS MARKET APPLICATION

Tuesdays 12pm – 6pm
June 5 – September 25, 2018

APPLICATION MUST BE FILLED OUT COMPLETELY AND YOUR REGISTRATION FEE RECEIVED BY MARCH 15TH.

APPLICATION FEE IS: \$40.00 FOR A BOOTH FOR THE SEASON.

Your Farm or Business Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

WA STATE TAX (UBI)#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

\*\* Farm or Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

\*\*\* If you own/lease multiple tracts of land (Orchards, Row Crops) please list the additional addresses on the back of this form.

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

ALL COMMUNICATION IS BY EMAIL. BE SURE YOU CHECK YOUR EMAIL REGULARLY

Does your business carry General Liability Insurance? \_\_\_\_\_ If yes, who is your carrier? \_\_\_\_\_

Does your business carry Product Liability Insurance? \_\_\_\_\_ If yes, who is the carrier? \_\_\_\_\_

MEMBERSHIP INFORMATION – MEMBERSHIP DUES \$40.00 DUE WITH APPLICATION (NON-REFUNDABLE)

FARMER \_\_\_\_\_ PROCESSOR \_\_\_\_\_ NURSERY \_\_\_\_\_ PREPARED FOOD \_\_\_\_\_ OTHER \_\_\_\_\_

Daily Stall Fees: \$30.00 Per Stall (10 x 10-foot area is 1 stall)

Highlight or Circle Individual dates required:

June 5 12 19 26

July 3 10 17 24 31

August 7 14 21 28

September 4 11 18 25

**Please check all licenses and permits you are required to have to operate your business and provide a copy of each with your application:**

- |  |   |
|--|---|
| <input type="checkbox"/> Temporary Event Permit (Health Dept.) | <input type="checkbox"/> Egg Handler  |
| <input type="checkbox"/> Food Processors Permit                | <input type="checkbox"/> Grade A Dairy Permit   |
| <input type="checkbox"/> Commercial Kitchen Permit             | <input type="checkbox"/> Fisheries Wholesale License  |
| <input type="checkbox"/> Food Handler's Permit                 | <input type="checkbox"/> Foragers provide copies of any National or Local Forest Permits, mycological society memberships, etc. |
| <input type="checkbox"/> High Hazard                           | <input type="checkbox"/> WSDA Hive Registration   |
| <input type="checkbox"/> Organic Certification                 | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Nursery License                       |   |

Please list **ALL** items to be sold at the market: (If you are a farmer, all the produce you planted and plan to bring. If you are a processor, what items you are bringing that you have licenses to bring.)

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For Farmers:

1. Are you a certified organic grower?  Yes  No Certification #: \_\_\_\_\_
2. Total # of acres you cultivate for your farmer's market business: \_\_\_\_\_  
Total # of acres your own: \_\_\_\_\_ Total # of acres you lease/rent: \_\_\_\_\_  
Total # of acres of orchard: \_\_\_\_\_ Total # of acres of row crop: \_\_\_\_\_
3. What other farmers markets do you sell at? \_\_\_\_\_

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I certify that all products, or other items I offer for sale at the Crossroads Farmer's Market have been handmade, or grown by me in the State of Washington. I will abide by the rules and regulations of the Crossroads Farmers Market. I understand that applications are considered on a first come, first served basis.

Enclosed is my check for \$ \_\_\_\_\_ made payable to: **CROSSROADS FARMERS MARKET**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR CONTRACT IS NOT COMPLETE WITHOUT YOUR SIGNATURE ON THE VENDOR RULES AGREEMENT SHEET.**