



FARMERS MARKET APPLICATION

FOR FARMERS

Tuesdays 12pm – 6pm

June 2 – September 29, 2020

APPLICATION MUST BE FILLED OUT COMPLETELY AND YOUR APPLICATION FEE RECEIVED BY MARCH 1ST.

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? _____

Daily Stall Fees: \$35.00 Per Stall (10 x 10-foot area is 1 stall) to be paid at the end of each market day. Receive a discounted rate of \$30 per stall if you pay for the whole season in advance no later than June 2 (\$540 for one stall for the 2020 season – a total savings of \$90).

Highlight or Circle Individual dates required:

June 2 9 16 23 30

July 7 14 21 28

August 4 11 18 25

September 1 8 15 22 29

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

Temporary Event Permit (Health Dept.)

Grade A Dairy Permit

Food Handler's Permit

Foragers provide copies of any National or Local Forest

High Hazard

Permits, mycological society memberships, etc.

Organic Certification

WSDA Hive Registration

Nursery License

Other: _____

Egg Handler

Please list **ALL** items to be sold at the market: (including all produce you planted and plan to bring.)

• Are you a certified organic grower? Yes No Certification #: _____

• 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: _____

- What other farmers markets do you attend? _____

I certify that all products, or other items I offer for sale at the Crossroads Farmer's Market have been 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 the application fee in the amount of \$ _____ made payable to: **CROSSROADS FARMERS MARKET**

SIGNATURE: _____ DATE: _____

YOUR CONTRACT IS NOT COMPLETE WITHOUT YOUR SIGNATURE ON THE VENDOR RULES AGREEMENT SHEET AND THE APPLICATION FEE.

PLEASE MAIL TO ROZ LIMING, CROSSROADS BELLEVUE, 15600 NE 8TH STREET, K-17, BELLEVUE, WA 98008