

## FARMERS MARKET APPLICATION

## FOR FARMERS

Tuesdays 12pm – 6pm

## June 6 – September 26, 2023

## APPLICATION MUST BE FILLED OUT COMPLETELY AND YOUR APPLICATION FEE RECEIVED BY FEBRUARY 1st.

APPLICATION FEE IS: \$50.00 FOR A BOOTH FOR THE SEASON.

Your Farm or Business Name: _				
Your Name:				
WA STATE TAX (UBI)#:				
			County:	
** Farm or Business Address:				
City:	State:	Zip:	County:	
*** If you own/lease multiple tract	ts of land (Orchards, Row Cro	ops) please list the addi	tional addresses on the back of this form.	
Home Phone:		Fax:		
Business Phone:		Cell Phone #1: _		
E-Mail Address:	Mail Address:		Website:	
Please provide us with a currer	nt picture of your farm a	and a descriptive p	aragraph with your application for	
<mark>our website.</mark>				
ALL COMMUNICATIO	N IS BY EMAIL. BE S	URE YOU CHECK	YOUR EMAIL REGULARLY	
Does your business carry Gener	al 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). Receive a discounted rate of \$30 per stall if you pay for the whole season in advance no later than JUNE 6 (\$480 for one stall for the 2023 season – a total savings of \$80).

Highlight or Circle Individual Dates You Are Requesting:

June 6 13 20 27	
July 11 18 25	
August 1 8 15 22 29	
September 5 12 19 26	
Please check all licenses and permits you are require	d 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
High Hazard	Local Forest Permits, mycological society
	memberships, etc.
<pre> Organic Certification Nursery License</pre>	WSDA Hive Registration
Egg Handler	Other:
Total # of acres you cultivate for your farmer's ma     Total # of acres your own: Total # of acres of orchard:	No Certification #: arket business: Total # of acres you lease/rent: _ Total # of acres of row crop:
I certify that all products, or other items I offer for sa	ile at the Crossroads Farmer's Market have been grown in
the State of Washington and I will abide by the rules	and regulations of the Crossroads Farmers Market.
Enclosed is my check for the application fee 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