FARMERS MARKET VENDOR APPLICATION

Tuesdays 12pm – 6pm

June 6 – September 26, 2023

APPLICATION MUST BE FILLED OUT <u>COMPLETELY</u> AND YOUR APPLICATION FEE RECEIVED BY <u>FEBRUARY 1ST</u>.

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

Your Business Name:			
Your Name:			
WA STATE TAX (UBI)#:			
Mailing Address:			
City:	State:	Zip:	County:
Business Address:			
City:	State:	Zip:	County:
 Home Phone:		_ Fax:	
Business Phone:		_ Cell Phone #1:	
E-Mail Address:		Website:	
Please provide us with a descriptio	n of your products a	nd a photo for our we	<mark>bsite.</mark>
ALL COMMUNICATION I	S BY EMAIL. BE S	URE YOU CHECK Y	OUR EMAIL REGULARLY
Does your business carry General I	iability Insurance? _	If yes, who is you	ır 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). A minimum four-week commitment is required, with the first four weeks' stall fees (\$140) to be paid in advance on your first day of attendance. After the first month, the stall fee can be paid weekly 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 6 (\$480 for one stall for the 2023 season – a total savings of \$80). Please include a current photo of your business and a descriptive paragraph for our website with your application.

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 required to have to operate your business and provide a copy of each with your application:

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

Please list ALL items to be sold at the market: (For example, what items you are bringing that you have licenses to bring.)

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 handmade 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 AND THE APPLICATION FEE.

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