

AMADOR FARMERS MARKET ASSOCIATION

**Application to Sell**

I request permission to sell at the AMADOR FARMERS MARKET. I agree to:

1. abide by the guidelines of the Market and all other laws, codes and regulations as required, and
2. to cooperate with Market Management and pay all required fees, and
3. to notify the Market Manager immediately of any changes in the information given by me on this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

At this time I am also applying for membership in the AMADOR FARMERS MARKET ASSOCIATION.

I will mail a check ( to the address below ) for the annual Association membership fee of \$50, renewable by May 1st of each year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact name: \_\_\_\_\_

Farm Name (if any): \_\_\_\_\_ County: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Names of family members or employees who may sell for you: \_\_\_\_\_

Certified Producer? Yes\_\_ No \_\_Certificate No. \_\_\_\_\_ County: \_\_\_\_\_

Will you be selling "Organically Grown Produce"? Yes\_\_ No \_\_

Organic Producer Registration No.: \_\_\_\_\_ County: \_\_\_\_\_

Health Dept./USDA Permit No.: \_\_\_\_\_ County: \_\_\_\_\_

Resale ID number (if applicable): \_\_\_\_\_

Are you willing to share a stall with another producer? Yes\_\_ No \_\_

I plan to sell from:

Table\_\_ Size: \_\_\_\_\_

Vehicle\_\_ Size: \_\_\_\_\_

Tent\_\_ Size: \_\_\_\_\_

I will require more than one stall space: Yes\_\_ No\_\_ If yes, how many: \_\_\_\_\_

I will participate on Wednesdays in Pine Grove: Yes\_\_ No \_\_

I will participate on Saturdays in Sutter Creek: Yes\_\_ No \_\_

I will participate on Thursdays in Plymouth for the fundraiser: Yes\_\_ No \_\_

Additional needs, comments, or explanations:

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List items you plan to sell and when:

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**AMADOR FARMERS MARKET ASSOCIATION**

**P.O. Box 1543, Jackson, CA95642**