

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 Fridays 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:

List items you plan to sell and when:

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P.O. Box 1543, Jackson, CA95642