

AMADOR FARMERS MARKET ASSOCIATION
Application to Sell

I request permission to sell at the AMADOR FARMERS MARKET.

Contact name: _____ Farm Name (if any): _____
County: _____
Address: _____
Email: _____ Phone(s): _____

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

Certified Producer? Yes ___ No ___
Certificate Number: _____ County: _____

Will you be selling Organically Grown Produce? Yes ___ No ___
Organic Producer Reg. Number: _____ County: _____

Health Dept./USDA Permit Number: _____ County: _____

Resale ID number (if applicable): _____

Are you willing to share a stall with another vendor? 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 am applying to participate Saturdays in Sutter Creek: Yes ___ No ___

I am applying to participate Thursdays in Plymouth: Yes ___ No ___

I am applying to participate Wednesdays in Ione: Yes ___ No ___

Additional needs, comments, or explanations:

List items you plan to sell and when:

I agree to:

1. abide by the guidelines of the Market and all other laws, codes and regulations as required;
2. cooperate with Market Management and pay all required fees; and
3. 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, or bring it to the first market that I attend.

Signed: _____ Date: _____