

**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 \_\_\_**

**I am applying to participate in the third Sunday in Volcano: 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: \_\_\_\_\_