

2017 VENDOR APPLICATION/REGISTRATION AND PRODUCT AVAILABILITY

VENDOR'S NAMES _____

E-MAIL ADDRESS _____

Number of 10 X 10 Vendor Spaces Needed _____

Do you have Vendor Liability Coverage? ___ Yes ___ No

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NUMBER _____

IF SELLING PROCESSED FOOD ITEMS: ATTACH COPY OF CURRENT LICENSE TO THIS APPLICATION.

FEES PER SPACE	Sat.	Paid			//////////////////////////////////// ////////////////////////////////////	I will accept: ___ WIC & FMNP Checks ___ RAFM Tokens One time training required.
Full Season	\$60.				Sat. May 6 to Oct. 14	
Half Season	\$40.				Sat. May 6 to July 22 or July 29 to October 14	

PRODUCT AVAILABILITY

	EARLY SEASON MAY/JUNE	MIDSEASON JULY/AUG	LATE SEASON SEP/OCT
1			
2			
3			
4			
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6			
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11			
12			
13			
14			
15			

I have read the information provided in the vendors brochure for the RAFM. I hereby declare that I will adhere to the rules and regulations set forth by the RAFM, State and Federal Regulations.

Signature

Date

If you are a farmer/producer please indicate the farming practices you adhere to:

Conventional -- **Natural (following organic practices)** -- **Certified Organic** **Certification.#** _____ **Certifying Agency** _____

If you would like to be highlighted on the website or other media, please write a short informational paragraph below.
