

## 2018 VENDOR APPLICATION/REGISTRATION AND PRODUCT AVAILABILITY

VENDOR'S NAMES \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Number of 10 X 10 Vendor Spaces Needed \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ Do you have Vendor Liability Coverage? \_\_\_ Yes \_\_\_ No

HOME PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

FEES PER SPACE	PAID	DATE	DATES
FULL SEASON	\$60	_____	Saturdays May 5 to October 13
HALF SEASON	\$40	_____	Saturdays May 5 to July 21 <b>OR</b> Saturdays July 28 to October 13
BY THE DAY	\$10	_____	May show up on a particular Saturday or plan ahead/ \$ due same day
FULL SEASON	\$40	_____	Wednesdays June 13 to October 10
HALF SEASON	\$25	_____	Wednesdays June 13 to August 8 <b>OR</b> Wednesdays August 15-October 10
BY THE DAY	\$10	_____	May show up on a particular Wednesday or plan ahead/ \$ due same day

I will accept:

\_\_\_ WIC & FMNP Checks

(One time training required)

M  
Y  
P  
R  
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S

EARLY SEASON May/June	MID-SEASON July/August	LATE SEASON September/October

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 \_\_\_\_\_