

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	Saturday PAID	DATE	DATES
FULL SEASON	\$60 _____		Saturdays May 5 to October 13
HALF SEASON	\$40 _____		Saturdays May 5 to July 21 OR Saturdays July 28 to October 13
BY THE DAY	\$10 _____		May show up on a particular Saturday or plan ahead/ \$ due same day

I will accept:
 ___ WIC & FMNP Checks
 (One time training required)

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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 _____