

~**RICHLAND AREA FARMERS' MARKET**~
VENDOR APPLICATION/REGISTRATION

Bring completed application with you to a market or send to RAFM, PO Box 345, Richland Center, WI 53581.

VENDOR NAME(S) _____

BUSINESS/FARM NAME _____

E-MAIL ADDRESS _____ Number of 10 X 10 Vendor Spaces Needed 1 2

CELL PHONE: _____

Do you have Vendor Liability Coverage? ___ Yes ___ No

HOME PHONE: _____

(Vendor Liability Coverage is *required* to be purchased by each vendor. In addition, the Richland Area Farmers' Market needs to be listed as *Additional Insured* on your policy. A Certificate of Insurance stating this must be provided to RAFM *before* you are a market vendor)

ADDRESS _____ CITY _____ ZIP CODE _____

IF SELLING MEAT OR EGGS: PLEASE ATTACH COPY OF CURRENT LICENSE TO THIS APPLICATION.

SEASON	FEE (per space)	PAID	DATE	MARKET DATES	
Full	\$60			Wednesdays MAY through OCTOBER	I/We will accept FMNP (Sr. Nutrition Vouchers) <input type="checkbox"/> A one time training is required: I/We need this! <input type="checkbox"/> I/We have this already! <input type="checkbox"/>
Half	\$40			Wednesdays MAY-JULY or AUGUST-OCTOBER	
By the Day	\$10			Any Wednesday ; Plan ahead or show up	
**All fees due either before market begins or on the date of market. Checks may be payable to <i>Richland Area Farmers' Market</i> or <i>RAFM</i>					
					Signature(s) _____

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

I have read the information provided in the RAFM vendor brochure. 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:

Certified Organic **Natural (following organic practices)** **Conventional**

Certification# _____

Certifying Agency _____ (Please attach certificate copy)