

~**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 10X10 Vendor Spaces Needed 1 2 3

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

HOME PHONE: \_\_\_\_\_ (Vendor Liability Coverage is *highly recommended* to be purchased by each vendor. In addition, the Richland Area Farmers' Market needs to be listed as *Additional Insured* on your policy.)

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

**\*IF SELLING MEAT, EGGS, or FLAVORED HONEY : PLEASE ATTACH COPY OF CURRENT LICENSE TO THIS APPLICATION.\***

SEASON	FEE (per space)	PAID	DATE	MARKET DATES	
Full	\$75			Wednesdays MAY through OCTOBER	I want to accept Senior Vouchers and WIC <input type="checkbox"/>
Half	\$50			Wednesdays MAY-JULY or AUGUST-OCTOBER	I already accept Senior Vouchers and WIC <input type="checkbox"/>
By the Day	\$12			Any Wednesday	
*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)