

Richland Area Farmers' Market (RAFM)

VENDOR APPLICATION/REGISTRATION

Bring send completed application with payment to
RAFM, PO Box 345, Richland Center, WI 53581.

VENDOR NAME(S) _____

BUSINESS/FARM NAME _____ LAST 4 DIGITS of SSN or FEIN # _____

E-MAIL ADDRESS _____ Number of 10X10 Vendor Spaces Needed 1 2 3

CELL PHONE: _____

HOME PHONE: _____

ADDRESS _____ CITY _____ ZIP CODE _____

Season	Fee (per space)	Market Dates
Full	\$75	Wednesdays MAY through OCTOBER
Half	\$50	Wednesdays MAY-JULY or AUGUST-OCTOBER
By the Day	\$12	Any Wednesday

*If selling meat, eggs or flavored honey: Please
attach copy of current license(s) to this application.*

* * *

If selling fresh vegetables/fruits or fresh herbs you will
need training to accept Senior Vouchers and/or WIC

I completed the training!

I need the training!

M Y P R O D U C T S	EARLY SEASON May/June	MID SEASON July/August	LATE SEASON September/October

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If you have been a vendor at a market other than RAFM, please name the market(s): _____

Please list two references including contact information:

1. _____

2. _____

With whom do you have Vendor Liability Coverage? (Please attach certificate copy)

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

Certified Organic **Certification#** _____ **Certifying Agency** _____ (Please attach certificate copy)

Conventional **Natural (following organic practices)**

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