

2012 Vendor Application - Celebrating our 7th Season!

May 3rd thru September 27th

Thursdays 3:00 pm - 7:00 pm

Located on Brown Avenue between Ring & Richardson Streets



Proud Member of:

WA State Farmers Market Association

Cascade Harvest Coalition

Puget Sound Fresh

Dear Vendor: In an endeavor to save paper, we are no longer voluntarily printing and mailing our multi-page *Duvall Farmers Market Guidelines and Policies* with each Vendor Application. You may either go directly to our website, or request a copy to be sent to you by email or by US mail.

Please read fully the Guidelines and Policies prior submitting your Vendor Application.

VENDOR INFORMATION

First & Last Name of Business Owner: _____

Farm/Company Name: _____

Physical Farm/Business Address
(please include cross streets): _____

Business Mailing Address: _____

Day/Evening Phone: () _____ Cell Phone: () _____

E-mail address: _____ Web Address: _____

WA State Tax (UBI)# _____

In case of Emergency please contact:

Name: _____ Phone: _____ Relationship: _____

Optional - Physicians Contact Information:

Name: _____ Phone: _____ Allergies: _____

Optional - Medical Insurance Company _____

All information is private and confidential and will only be used to assist emergency medical staff.

INSURANCE

Please list all vehicles that will be coming to the market to support your booth.

Auto Insurance Company & Policy# _____ WA. License Plate # _____

Auto Insurance Company & Policy# _____ WA. License Plate # _____

Auto Insurance Company & Policy# _____ WA. License Plate # _____

Business/Farm Insurance Liability Company and Policy #: _____

Please add Duvall Farmer's Market as additional insured and provide copy.

LICENSE AND PERMIT REQUIREMENTS

Please check all licenses and permits which are required to sell your products at Farmers Market. Please submit a CURRENT COPY (2012) of each when submitting Vendor Application. All Documents are verified prior to fully accepting your application. Exception are those vendors who are awaiting Health Department permitting, Food Handlers Cards. Please note pending permits, certificates.

Business Licenses:

- Washington State Business License
- Specialty Business License

Health Department Permits:

- Temporary Food Establishment Permit - Limited
- Temporary Food Establishment Permit
- Food Handlers Permit(s)
- Commercial Kitchen Permit

Fish and Shellfish Permits:

- Wholesale Fish Dealers License
- Direct Retail Endorsement License
- Aquatic Farmer Registration
- WA Department of Health Processing License

Lab Testing Results:

- Lotions, creams and home-distilled essential oils are required to be tested by a cosmetic lab

WSDA Licenses:

- Egg Handler License
- Milk Producer License
- Milk Processing Plant License
- Pesticide Application License
- Honey Bee Hive Registration
- Organic Certification
- Food Processor License

WSLCB Permits:

- Sale at Farmers Markets Endorsement
- MAST Permits

Fire Department Permits:

- Open Flame Permit
- LPG Permit

Please check the category that best describes your booth:

I am a:

- Farmer** with: __produce __fruit __meat __cheese __nuts __nursery plants __eggs __honey

Other: _____

Please submit appropriate WSDA licenses

- Farmer** who is selling Value-Added Products (Juried): ___ Jams/Jellies ___Pies ___ Salsa ___Bees Wax Candles

Other: _____

Please submit appropriate WSDA licenses

- Farmer** that is only present for specific seasonal crops (i.e. only strawberries, raspberries, etc.)

- Artisan** (i.e. crafter/artist) **JURIED** - Please submit either your website address or three (3) photos of works in progress.

- Food Vendor/Concessionaire -JURIED** - Please submit menu and required health department docs.

- Other** _____

1. Other than you, who will be selling at your booth?

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

2. What other Farmers Markets do sell in and what days? _____

FARMERS w/ VALUE-ADDED PRODUCTS and ARTISANS, please fill out Question 3 – 5.

3. Please describe any use of ready-made objects: _____

4. Do you make the items you sell yourself? Please describe: _____

5. Have you sold your items at other Fairs & Events besides Farmer's markets if so where? _____

Farmers please fill out this section on GROWING PRACTICES INFORMATION

In order to ensure that we are providing our market shoppers with high quality, responsibly grown farm products and too help consumers understand the unique complexities of farming in our region, we would like you to answer the following questions about your growing practices. In each section under *Applied Materials and Techniques*, please list all natural and synthetic inputs you use for the specified purposes. Please fill in each section clearly and legibly.

I. Are you a certified organic grower*? YES _____ NO _____ Certification number: _____

Are you certified by any other independent certifier (eg., Salmon Safe, Certified Naturally Grown, etc)? If so, please specify:

2. Do you save your own seeds? YES _____ NO _____

If not, where do you purchase your seeds? _____

3. Who is your county extension agent? _____

4. Total # of acres you cultivate for your farmers market business: _____

Total # of acres you own: _____ Total # of acres you lease/rent: _____

Total # of acres orchard: _____ Total # of acres row crop: _____ Total # of acres livestock: _____

*If your farm is certified organic by the WSDA, you are not required to fill out the Applied Materials and Techniques section.

Farmers not Certified as Organic fill in APPLIED MATERIALS AND TECHNIQUES

WEED CONTROL: List all materials which may be applied and all mechanical techniques used.

Materials: _____

Techniques: _____

PEST CONTROL: List all materials which may be applied and all mechanical techniques used.

Materials: _____

Techniques: _____

FERTILIZER/SOIL: List all materials which may be applied and all mechanical techniques used.

ENHANCEMENTS

Materials: _____

Techniques: _____

VENDOR BUSINESS INFORMATION

Please assist us in learning more about your Farm and/or Artisan Business. Throughout our season, local news agencies, community leaders and various County and State agencies seek information from us regarding those who sell at our Farmers Markets in the State of Washington. In order to represent and understand your farm/business better, please fill out the following information.

Name of Farm/Business: _____

Contact Person: _____

County your farm/business is located: _____

How many miles do you drive from your farm/business to the market? _____

What percentage of your family/household income comes from farming/market business? _____

What percentage of your farm/market business comes from direct selling at farmers markets? _____

How many years have you been in business or farming? _____

Do you have employees? If so, how many do you employee? Seasonal _____ Permanent _____

Does your farm offer a CSA program that we can help promote? _____

How can we best help you promote your farm? _____

Any other information you feel would be helpful for us to know? _____

Would you be interested in serving on the Duvall Farmers Market Steering Committee? _____

WAITING LIST

Farmers are granted first priority. It is our goal to maintain a healthy balance between Farm and Artisan category. Vendors who fall in the Artisan category (i.e. jewelry) may find this category fills quickly. We review ALL applicants who apply to this market and will either accept or decline. Should you be accepted and your category is full, we will place you on our Waiting List and your check will be returned until stall space becomes available.

If accepted and your category is full, would you like to be placed on the Waiting List? Yes ____ No ____

SPACE NEED

All stalls are measured and will accommodate a 10'x10', 10'x15', or 10'x20' canopy. Please provide your canopy measurements so we can best accommodate you. The Duvall Farmers Market will give first priority of stalls to Farmers. However, due to growth of this market, we may need to limit some vendors based on market needs. In the future as the market grows we may also need to limit the size of booths to 10'x10' to allow more vendors to participate.

STALL SPACE REQUESTED: 10' x 10' ____ 10' x 15' ____ 10' X 20' ____

ALL vendors are required to supply their own equipment. Set up begins at 12:30 pm

VENDOR NEEDS

Do you require a generator in order to sell at this market? Yes ____ No ____

(Generators used for any purpose must be whisper variety and approved by the Market Manager prior to use)

Do you require Water? Yes ____ No ____ (NOTE: AVAILABLE WATER IS NOT POTABLE)

MARKET DAYS – EXCUSED/NOT-EXCUSED

NOTE: Please let the Market Manager know as soon as possible if you are not going to be present at market on your scheduled day. It is our desire to present to our community a full market with no holes. If you plan to not be there we would like to fill the empty stall space with a vendor from our Wait List until your return. Vendors who are NO SHOWS will be charged the stall fee for that week and will not be allowed to set up the following week until the prior week's stall fee is paid in full. *VENDORS MUST GIVE MARKET MANAGER NO LESS THAN 24 HRS. NOTICE* if unable to make it to market. *SET UP BEGINS AT 12:30 PM.*

PLEASE CIRCLE THE DAYS YOU KNOW YOU WILL BE PRESENT:

May	June	July	Aug	Sept
3	7	5	2	6
10	14	12	9	13
17	21	19	16	20
24	28	26	23	27
31			30	

PAYMENT OPTIONS

- **Option A:** Pay for entire season between February 1st and April 1st = \$465.00
This option waives the \$35.00 Application Fee and reduces your stall fee to \$22.00 daily. This saves \$127.00 for the season.
- **Option B:** Standard Payment for those vendors who do not wish to pay for entire season. Please submit a \$35.00 application fee with this application. Daily Stall Fee is \$25.00 daily, payable at close of market.

All Vendors are required to pay an additional 6% for gross sales over \$400.00

I am committing to sell the entire Season (total 22 market days). Yes ____ No ____

I have am enclosing a check or money order in the amount of: _____ Check # _____

HOLD HARMLESS AGREEMENT

I have read, understand, and agree to comply with the **2012 Duvall Farmers Market Policies and Guidelines** and by signing my name below, I am bound by the terms and conditions outlined in the 2012 Duvall Farmers Market Application and the Policies and Guidelines. I understand and agree that any family members and employees at the DFM site will be made aware of and bound by the same Policies and Guidelines of the DFM. Vendors are responsible for the quality and safety of the products they sell and agree to comply with all Federal, WA State and King County Health Department Rules and Regulations.

By signing below, Vendor agrees to defend, indemnify, keep and hold harmless the Duvall Farmers Market, DFM Board of Directors, DFM Steering Committee, DFM Manager, and all other agencies the DFM has agreements with, including True Value, Family Grocers, Ixtapa and all surrounding businesses, their agents and representatives from and against, any and all claims and demands, whether for injuries to persons, loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by Vendor and shall defend at vendor's own expense any action brought against the DFM and any of the above mentioned organizations or any other person or organization with which DFM has a contractual relationship by vendor's acts or omissions.

Vendor further agrees to defend, indemnify, and save harmless the City of Duvall, its appointed elective officers and employees, from and against all loss of expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City of Duvall, its elected or appointed officials or employees directly or indirectly arising out of the permit issued for the Duvall Farmers Market. It is further provided that no liability shall attach to the City of Duvall, by reason of issuing the Permit for the Duvall Farmers Market.

Vendor Signature: _____ Date: _____

***By signing this application, Vendor agrees to adhere and abide by
ALL DFM Market Guidelines and Policies.***

PLEASE RETAIN A COPY OF THIS SIGNED DOCUMENT FOR YOUR RECORDS

THANK YOU!

REMEMBER:

- Please read the Duvall Farmers Market Guidelines/Policy pertaining to your category prior to signing and submitting this Application.
- Please submit the \$35.00 application fee unless paying for the full season.
- All checks/money orders shall be made out to: Duvall Farmers Market
- Provide and attach copies of any and all applicable Licenses/Permits/Tests.
- Please specify website address or attach three (3) photos of works in progress. This is required for all Artisan Vendors and those Farmers selling handcrafted items.
- Food Vendors please attach a menu or brochure of items that you intend to prepare or cook. You may submit your application if you are still waiting on health department documents.
- Please retain a copy of this signed application for your records.

NOTE: Refunds are not given once your application has been approved and your check deposited. Vendor is required to pay all NSF fees.

Please send payment and completed Application to:

Duvall Farmers Market

PO BOX 219- PMB 190

Duvall, WA 98019

Unless otherwise requested, please do not email this application form.

If you have any questions or need assistance, please do not hesitate to contact our Market Manager for assistance.

Thank you,

Kari Carlson, Market Manager

info@duvallfarmersmarket.org

425-992-1695

May you have a very prosperous and successful season with us!

Buy Local – Eat Fresh – Stay Healthy!