

APPLICATION 2010 SNOHOMISH FARMERS MARKET

Snohomish Farmers Market Association

P.O. Box 1994
 Snohomish, WA 98291
 (360) 348-2674

SnohomishFarmersMarket@gmail.com

Vendor's Name _____

UBI # _____

Business Name _____

Farm Location _____

Please Check those that apply

- Farmer
- Certified Organic
- Cut Flowers
- Processor
- Honey
- Food Concessions
- Nursery
- Baked Goods
- Seafood
- Meat
- Dairy
- Crafts
- Other

Home Phone _____

Business _____

Cell _____

Email _____

Fax _____

Mailing Address _____

Describe the crops or products you intend to sell

*I would like to reserve
 the following markets*

- 5/6 7/22
- 5/13 7/29
- 5/20 8/5
- 5/27 8/12
- 6/3 8/19
- 6/10 8/26
- 6/17 9/2
- 6/24 9/9
- 7/1 9/16
- 7/8 9/23
- 7/15 9/30

FEES ENCLOSED

- \$15 SFMA yearly dues
- \$20 stall fee each time purchase (4)
- \$15 Nursery Fee
- \$25 Not pre-paid

What other markets do you sell at?

REQUIRED

Washington State UBI # _____

City of Snohomish Business License # _____

By signing this document I am certifying that I have read and understand the rules of the Snohomish Farmers Market and agree to abide by them. I certify that I am in compliance with all federal, state and municipal licensing requirements for my business. I agree to an inspection to verify the authenticity of my business if necessary. I agree to hold harmless and release the Snohomish Farmers Market Association and the Snohomish Iron Works and any agents thereof from any and all claims to property and person(s), loss, damage or theft which may arise out of, or occur to persons(s) display or inventory while participating in the Snohomish Farmers Market. I understand that the Market Manager has the right to refuse service. I understand that vendors are responsible for collecting and reporting sales tax. I understand and agree that I am required to have my canopy or umbrella sufficiently and safely anchored at all times during market operations. I understand that if I forget my weights I will not be allowed to use my canopy. I understand that should an accident occur from my improperly secured canopy I will be held responsible for paying any claims resulting from the accident. I understand that sales are not guaranteed.

SIGNED _____

DATE _____

FOR MARKET USE ONLY

WSDA PROCESSOR # _____

Organic Certified _____

SHD PERMIT # _____

