**Silverton Farmers Market**

**VENDOR APPLICATION**

May 8-October 9, 2021

**Farm/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Farm/Business Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all products you plan to sell in some detail. This list will guide the Vendor Selection Committee in determining the mix of vendors at this year’s Market. Attach additional sheets if necessary.**

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**Please list any/all products you plan to cosign for others:**

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***There is a chance that not all vendors or products will be approved in a season. The decision of the Vendor Selection Committee is final.***

**Insurance:** *Vendors are* ***required*** *to list Silverton Farmers Market as an additional insurant certificate holder on their insurance policy with the same limits as the market insurance which is $1,000,000 per occurrence and $2,000,000 aggregate.* ***Please attach a copy of insurance to this application.***

**Dates:** Listed below are the market dates for this year. Please circle the dates you willattend.

**May 8 May 15 May 22 May 29 June 5 June 12 June 19**

**June 26 July 3 July 10 July 17 July 24 July 31 Aug 7 Aug 14**

**Aug 21 Aug 28 Sep 4 Sep 11 Sep 18 Sep 25 Oct 2 Oct 9**

***You must notify the Market Manager of any changes by 5:00 p.m. on the Wednesday prior to the next market date, or you will be responsible for paying the booth fee.***

**Licenses:** All appropriate licenses are required. You are responsible for bringing copies of your licenses to each market. Some must be posted and the others must be available upon request in order to vend. Please note your current licenses and certifications with expiration dates for each.

***Check all that apply and attach a copy of each.***

**\_\_\_\_\_ Licensed Kitchen (ODA) exp. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Commercial Kitchen License exp. \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Temporary Restaurant License exp. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Egg Handler License exp. \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ Organic Certification issued. \_\_\_\_\_\_\_\_ \_\_\_\_\_ Pre-packaged Meat Seller License exp. \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ Scale License exp. \_\_\_\_\_\_\_\_ \_\_\_\_\_ Nursery License (cut flowers and plants) exp. \_\_\_\_\_\_\_\_**

**Booth Fees:**

Annual Market Membership Fee ($30.00/year)**$30.00  *\_\_\_\_\_\_\_\_\_\_\_***

Weekly 10’ x 10’ Space Fee ($30/week paid 1 week in advance) **$30.00 \_\_\_\_\_\_\_\_\_\_\_**

Pre-pay for 10 consecutive weeks and get the 11th week free **$300.00 \_\_\_\_\_\_\_\_\_\_\_**

Pre-pay for 20 weeks and get 3 weeks free **$600.00 \_\_\_\_\_\_\_\_\_\_\_**

 **Total: \_\_\_\_\_\_\_\_\_\_\_**

I have read the Silverton Farmers Market Rules and Guidelines and the ODA Food Safety at Farmers Markets Information and Guidelines documents, and I agree to abide by them and seek clarification if needed. I authorize Silverton Farmers Market Association to visit my farm/garden/business and those of any cosigners to resolve compliance questions. My business name and phone number will be available to customers and will be published on the Silverton Farmers Market website. I understand that I am required to purchase and show proof of insurance, and hold any required licenses. I agree to indemnify and hold harmless Silverton Farmers Market Association and all site owners from and against all liability, claims, losses, damages, and causes of action suits of any nature arising out of or related to my activities at Silverton Farmers Market events.

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return with $30.00 Association Fee and your first Weekly Fee to:**

**Market Manager, Silverton Farmers Market**

**PO Box 288**

**Silverton, OR 97381**

**Manager: Jan Burge 714-357-9567**