

# ENCINO FARMERS MARKET FARMER APPLICATION FORM

DATE \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Name of Resale Certificate Holder: \_\_\_\_\_

Certificate Holder Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What other farmer's market(s) do you participate in?

What is the product you wish to sell? \_\_\_\_\_

Where is your product made? \_\_\_\_\_

How long have you been selling this product? \_\_\_\_\_

Additional information/Comments:

**Form must be complete and signed:** *Completing an application does not constitute or guarantee of space.*

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Name (please print)

*This form must be accompanied by a copy of all appropriate certificates, permits, licenses and other required paperwork.*

If you have any questions please call **Carole Gallegos, Market Manager** at (818) 708-6611  
Mail or fax this application with a copy of your Certified Producer Certificate(s) and Organic Certification (if applicable):

**Encino Farmers Market**  
**17400 Victory Blvd., Van Nuys, CA 91406**  
**Fax (818) 708-6620**

*Open every Sunday from 8:00am to 1:00pm, Rain or Shine*