



## **Port Gamble Farmer's Market**

Vendor Application 2018

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*Due by April 30<sup>st</sup> for Membership Discount and Full Season Rate (with Reserved Space Selection)*

*All applications are submitted on a space availability and market manager approval basis.*

(For Admin. Use) Date Submitted: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Applications will be considered complete when accompanied by copies of required licenses & information. *(See bylaws membership information and dues.)*

- **Membership**
  - \$25 – Paid by April 30th with Season Commitment
  - \$40 – Paid by Week Before Market Opens
  - \$50 – After Market Opens
  - \$25 – After July
  - Non-Profit - \$10
- **Weekly Fees** (for a 10'x10' Space)
  - Organic Produce - \$10
  - Produce (Non-Organic) - \$15
  - Organic Food Processor - \$20
  - Other (Food Processors, Crafts, Arts, Ready to Eat Foods, etc.) - \$25
  - Non-Profit - \$5
- **Full-Season Rate**
  - Organic Produce - \$175
  - Produce (Non-Organic) - \$300
  - Organic Food Processor - \$375
  - Other - \$450
  - Non-Profit - \$75

*Fees do not include any fees for special events (ex: Summer Faire).*

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

PERMITS AND LICENSES (Attach Copy)

*(See WSDA "Green Book" or contact Kitsap Health Dept to find out what applies to your business.)*

WA State UBI #

\_\_\_\_\_

Food Handler Permit # (required to serve food or samples)

\_\_\_\_\_

WSDA Food Processor's License # (for preserved foods)

\_\_\_\_\_

Health Dept. Approved Kitchen # (for processed or preserved foods)

\_\_\_\_\_

Kitchen Address

\_\_\_\_\_

Temporary Food Vendor Permit

\_\_\_\_\_

Other Applicable Permits

\_\_\_\_\_

VENDOR TYPE (Please pick one.)

Organic Produce \_\_\_\_

Food (Ready to Eat) \_\_\_\_

Produce \_\_\_\_

Crafts \_\_\_\_

Non-Profit \_\_\_\_

Artisan \_\_\_\_

Food Processor \_\_\_\_

Other \_\_\_\_

Please describe what it is that you sell or make? (Produce vendors, please list the produce that you grow.)

Where do you grow/make the products you plan to sell? Please list all addresses that apply.

DESIRED BOOTH SPACE

Full space (10' x 10') \_\_\_\_\_ Double space \_\_\_\_\_ Share space with: \_\_\_\_\_

Sunday Market 2018

You are responsible for notifying the market manager no later than 3 p.m. Friday afternoon if you are unable to attend a planned Sunday Market. Attendance information is critical to weekly planning to ensure a full, balanced Market.

SPACE RESERVATION (For Full Season Paid Members)

Booth space will only be reserved for the dates you have indicated, and you will be expected on the dates you indicate below.

\_\_\_\_\_ I plan to participate every Sunday for the full season.

OR

Circle the days you *will* attend:

May 6 <sup>th</sup>	July 1 <sup>st</sup>	August 26 <sup>th</sup>
May 13 <sup>th</sup>	July 8 <sup>th</sup>	September 2 <sup>nd</sup>
May 20 <sup>th</sup>	July 15 <sup>th</sup>	September 9 <sup>th</sup>
May 27 <sup>th</sup>	July 22 <sup>nd</sup>	September 16 <sup>th</sup>
June 3 <sup>rd</sup>	July 29 <sup>th</sup>	September 23 <sup>rd</sup>
June 10 <sup>th</sup>	August 5 <sup>th</sup>	September 30 <sup>th</sup>
June 17 <sup>th</sup>	August 12 <sup>th</sup>	
June 24 <sup>th</sup>	August 19 <sup>th</sup>	

I represent and warrant that I have read and pledge to abide by the market rules and bylaws. I am in compliance with all applicable laws and regulations and I indemnify and hold harmless the Port Gamble Farmer's Market and each of its officers, directors, employees and agents for any breach of this representation or the Bylaws or the Rules of the Market.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_