

# Community Farmers Market at Chehalis

~ Supporting local growers, their products, and our agriculture community ~

Office Use Only
Date Received:
Fee Paid:
Licenses/Permits:
Board Approval Date:
Other:

## 2022 VENDOR APPLICATION

Our organization is dedicated to supporting local business and local agricultural products and welcomes all growers, processors, artisans, and crafters located in Lewis County and surrounding counties to apply.

## First consideration will be given to complete applications received first

Applications received later will be considered on a space available basis.

Read the Market Policies and Guidelines for important details about market operations & requirements before signing this application.

2022 Dates and Times: Tuesdays, June 7-October 25, 2022, 11am-4pm VENDOR MEMBER FEES A \$50 non-refundable membership fee is due with every application. Daily stall fees are assessed at 7.5% of gross sales per day, with a \$15 minimum stall fee per day. Members who give less than 24 hours notice of absence from market will be responsible for their stall fee for that day. Vendors may prepay the minimum stall fee for the full season. Prepaid fees, submitted at the time of application, receive \$15 discount for the season. Prepayment is non-refundable. \$50 Membership Fee Enclosed (Required) Indicate amount submitted with this paperwork. \$300 Full Season Prepayment Enclosed \$10 for vendors needing access to electricity (per season) VENDOR INFORMATION Business Name Owner Name(s) Mailing Address Zip Code: City: Is your physical address the same as mailing address? Physical Address/Location If no, please list physical address: Daytime/Cell Phone: Evening Phone:

Website:

Make/Model:

Name of Business Page on Facebook:

Contact Info.

Market Vehicle Info.

Email:

License #:

AUTHORIZED SELLERS				
List the individuals that are authorized to sell for you at the r	market:			
Type of Operation				
Vendors are categorized into six different producer types, de products offered and the manner in which they were grown Refer to Community Farmers Market Policies for a description operation, and check the appropriate box for your business.  Only one type of operation is permitted per application except on a case-by-case basis as allowed by the CFM in	☐ Farmer ☐ Processor ☐ Reseller ☐ Crafter/Artisan ☐ Prepared Food Vender ☐ Miscellaneous			
The Community Farmers Market requires vendors to obtain the type of business being run. Refer to the "WSDA Handb Book)" at <a href="http://agr.wa.gov/Marketing/SmallFarm/Greenbook">http://agr.wa.gov/Marketing/SmallFarm/Greenbook</a> Health Department at (360) 740-1222 to help determine what In the table below, check the licenses and permits that your comprehensive list and other permits and licenses may be not seen that the submit required documents may reserved to the submit required documents and the submit required documents and the submit required documents are submit required to the submit required documents and the submit required documents are submit required to the submit required documents and the submit required documents are submit requi	wook of Regulations for and if applicable control licenses and permits business holds. Please reded for your particularits must be submitted and dening the sult in delay and dening the surance Policy with	r Direct Farm Marketing (Green ntact the Lewis County Public your business needs.  note that the below list is not a air business and products.  ted with your application.*  ial of your application.  h CFM named as additionally		
WA State Master Business License (WSDOL) - UBI #	ioi to market openii	· · · · · · · · · · · · · · · · · · ·		
USDA Organic Certification	WSDA Food Pr	rocessors License		
Lewis County Food Handlers Permit	WSDA Milk Producer License			
Lewis County Retail Food Service Est. License	WSDA Milk Processing Plan License			
Lewis County Temporary Food Establishment Permit	☐ WSDOL Egg Handler/Dealer License			
WSDOL Nursery Dealer License	☐ WA State Dept.	Of Health License (Shellfish)		
WSDA Cash Buyer's License (Reseller)	☐ WDFW Aquation	c Farmers Registration		
☐ WSDA Produce Dealer's License (Reseller)	☐ WDFW Wholes	sale Fish Dealer's License		
☐ WSDA Commission Merchant's License (Reseller)	☐ WSDA Laborat	ory Services Registration (Bees)		
☐ WSLCB License (Wine and Beer)				
Other? Please List:				

	Current	copies of	all appli	icable lic	enses an	d permit	s must be	e submitt	ed with y	our app	lication.	
	e include a d ook, during emailed to	presentat	tions, etc.	New ve	ndors sho	uld subm	it photos o	of your bu	siness loc	ation an	d/or prod	
Goor	OS TO BE SO	I D										
	ide a detaile		nplete list	of the p	roducts vo	ou would	like to sell	at the Co	mmunity	Farmers	Market.	
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Item	s not listed h	nere are n	ot allowe	d to be so	old at mar	ket until a	approved I	by the CF	M Board	of Direc	tors.	
New	v artisans ar	nd crafte	rs, pleas	e submit	a sample	e/photo	of your pi	roducts to	o the boa	rd for re	eview.	
MY B	USINESS REQ	QUIRES EL	LECTRICA	L POWER	YES	NO						
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Pacific Street	Music	23	24	25			Kids Club	Market Info	Public Seating		27	N. Market Blv  Market Blvd.
Рас												

STALL PLACEMENT

BACKS UP TO WELLS FARGO

#### **DATES OF ATTENDANCE**

Indicate the dates you will be attending the market as a vendor. You are not required to attend all 21 weeks.									
However, you must indicate the dates that you will be in attendance on this application to ensure a stall reservation.									
TUESDAY									
	July 5	August 2	September 6	October 4					
☐ June 7	• •								
June 14	Uly 12	August 9	September 13	October 11					
June 14	July 12	August 9	September 13						
June 21	Uly 19	August 16	September 20	October 18					
June 21	July 19	Mugust 10	September 20						
□ 1 20		□ A 22	□ 0 . 1 . 27	October 25					
☐ June 28	☐ July 26	☐ August 23	September 27	_					
		☐ August 30							

### **IMPORTANT INFORMATION!**

The Community Farmers Market has a credit/debit/EBT and Market Match program. The market's goal, with vendors as partners, is to provide alternate payment methods for customers in the form of debit and credit cards, provide an additional revenue source for vendors, and offer fresh, local food to low-income families who receive food stamps.

For consistency in the program and clarity for the market customer, the market requires that *all* vendors participate in the program. Customers will purchase EBT/credit/debit tokens at the Market Information Table and will use tokens to purchase products directly from vendors. All vendors will benefit from this shared technology.

Additional training on the program will be provided to approved vendors.

PLEASE READ AND SIGN THE VENDOR AGREEMENT ON THE FOLLOWING PAGE.

### AGREEMENT

By signing this application on behalf of your business, you attest that you have read and understand the **Polices of** the Greater Lewis County Farmers Market (dba Community Farmers Market) and confirm the following:

- ☐ This application contains accurate and complete information.
- Only what is listed on this application will be offered for sale.
- ☐ I am responsible for the quality and safety of what I sell.
- □ I will abide by the rules described in the Policies of the Greater Lewis County Farmers Market (dba Community Farmers Market) as they relate to Food Stamp, Credit, and Debit transactions. *See additional note below.*
- □ I will follow all USDA Food Stamp Program rules and all Farmers Market Nutrition Program Rules, as outlined in the market policies.
- ☐ I understand that the Market Board has the right to remove vendors from the market who do not comply with market rules.
- I shall indemnify and keep harmless the Greater Lewis County Farmers Market and all agencies the market has agreements with, from and against any and all claims and demands, whether for injuries to persons, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor.
- □ I shall defend at my own expense any action brought against the GLCFM and any of the above mentioned organizations or any other person or organization with which GLCFM has a contractual relationship.

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Vendor Name (please print):			
Vendor Signature:			
Date:			