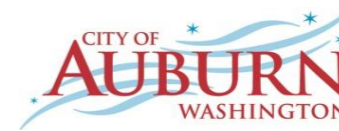


2017 Vendor Application



VENDOR INFORMATION	
FARM/BUSINESS NAME:	UBI NUMBER
	WEBSITE:
MAILING ADDRESS:	STALL PREFERENCES: (Please check one) <input type="checkbox"/> Single Stall 10X10 <input type="checkbox"/> Double Stall 10X20 Stall fees are \$40.00 per stall per day Stall will be reserved ONLY WITH ADVANCE PAYMENT
PHYSICAL FARM PRODUCTION ADDRESS: If your farm has no mailing address, please describe its location using major roads, intersections, etc.	STALL UTILITIES: (Please mark all that apply) <input type="checkbox"/> Water <input type="checkbox"/> 110 Volt Electricity - \$5.00 Daily Fee
CONTACT INFORMATION	MARKET DATES June 4 - September 24 10 AM - 3 PM
NAME: Primary Phone: Other Phone: Email:	Please indicate the Sundays you would like to attend June <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 25 July <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 23 <input type="checkbox"/> 30 August <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 27 Sept. <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 24

May we share your contact information with customers and/or the WSFMA? YES NO

Please list names of people who will sell your product at the Market.

Name	Phone or Email	Name	Phone or Email

Please indicate the type of product(s) or service(s) to be offered at the Market.

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Farmer/Produce | <input type="checkbox"/> Prepared Food | <input type="checkbox"/> Craft | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Processed | <input type="checkbox"/> Nursery/Plant | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other |

Please list items and/or crops to be sold at the Market and approximate dates of availability.

Item Description	Date	Approximate Price	Item Description	Date	Approximate Price

Please indicate all licenses and permits required to operate your business and provide a copy of each with this application.

- | | | |
|---|--|--|
| <input type="checkbox"/> Food Processor Permit | <input type="checkbox"/> Fisheries Wholesale License | <input type="checkbox"/> Organic Certification |
| <input type="checkbox"/> Commercial Kitchen Permit | <input type="checkbox"/> Grade A Dairy Permit | <input type="checkbox"/> Pesticide Applicators License |
| <input type="checkbox"/> Food Handler's Permit | <input type="checkbox"/> Nursery License | <input type="checkbox"/> WA State Business License |
| <input type="checkbox"/> Temporary Event Permit (Health Department) | | <input type="checkbox"/> Other |

DISCLAIMER: Vendors please read and initial each item below and sign at the bottom

*All vendors must be licensed or otherwise authorized to conduct business in the State of Washington. Vendors are responsible for their own permit and license requirements and tax liabilities. _____

*All vendors agree to exercise the utmost care in the use of the market facilities. **Smoking is not permitted in the Market areas.** _____

*The Auburn Int'l Farmers Market does not guarantee the marketability for fitness of the vendor's goods, nor does the Market guarantee the success of the vendor's efforts. _____

*Auburn Int'l Farmers Market reserves the right to restrict items for sale that are deemed inappropriate and not in keeping with the image of the AIFM or the Washington State Farmers Market Association. _____

*All vendors will only sell what is listed on this application and are responsible for the quality and safety of what they sell. _____

*All vendors must provide their own tables, chairs, extension cords, canopies, **weights** and other operating equipment. _____

*Depending on menu items, food vendors may be required to apply for a temporary food-service permit. Please contact the Seattle-King County Dept. of Public Health for information. _____

INSURANCE – The City of Auburn does not maintain insurance that will respond to claims against the applicant arising out of the use of the booth by the applicant, its members, or those attending the event. Depending on the type of booth and products being sold, you may be required to maintain insurance and name The City of Auburn as an additional insured on the policy. After reviewing this policy, The City of Auburn will determine whether or not you must obtain liability insurance. _____

AGREEMENT – The Applicant agrees to defend, indemnify and hold harmless The City of Auburn, Sound Transit, its agents, employees, officials and volunteers, from any and all claims, injuries, damages, losses or suits, including the cost of attorney fees, arising out of or in connection with activities or operations performed by the Applicant or on the Applicant's behalf arising out of the use of the booth except for injuries and damages caused by the sole negligence of The City of Auburn. _____

EBT/SNAP & Fresh Bucks – The Applicant agrees to abide by the rules described herein as they relate to the processing SNAP (Food Stamp) transactions and Fresh Bucks. I/we agree to follow all USDA SNAP (Food Stamp Program) rules, as outlined in the Rules & Regulations. I/we understand that the Market Board has the right to remove vendors from the market who do not comply with these rules. _____

Vendors are responsible for making their onsite representatives aware of all AIFM Rules and Regulations.

Vendor has read, understands and agrees to comply with the 2017 Auburn International Farmers Market Rules and Regulations.

VENDOR'S SIGNATURE _____ DATE _____

PAYMENT INFORMATION		
Application Fee: \$20	Daily Stall Fee: \$40 per each 10'x10' space	Daily Electricity Fee: \$5
Method of Payment (check on)	<input type="checkbox"/> Check Enclosed (Make Payable to Auburn Parks, Arts & Recreation)	<input type="checkbox"/> Credit Card (fill in information below)
CARDHOLDER NAME (please print)		CARD TYPE (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AM/EXPRESS <input type="checkbox"/> DISCOVER
CARD NUMBER	3-DIGIT SECURITY CODE	EXP. DATE
CARDHOLDER SIGNATURE		DATE

PLEASE RETURN APPLICATION AND PAYMENT TO ADDRESS BELOW:

Auburn Parks, Arts & Recreation, Attn: Auburn Int'l Farmers Market, 910 Ninth Street SE, Auburn, WA 98002 or fax to 253-931-4005

For additional information please contact Amanda Valdez | 253-804-5049 | avaldez@auburnwa.gov