

VENDOR APPLICATION



2010 Queen Anne Farmers Market

Please read the *2010 QAFM Guidelines & Policies* before completing this application.

PLEASE PRINT CLEARLY

Farmer Processor Nursery Food Non-profit Other

Check one: New to QAFM Returning, participated in: 2007 2008 2009

What dates in 2010 do you wish to participate?

All (21 markets, Thursdays, May 20-October 7)

Once a month (5 markets, Thursdays, May-September)

Special Halloween market, Saturday, October 31

These dates only: _____

YOUR FARM OR BUSINESS NAME

YOUR NAME (Last)

(First)

(Middle Initial)

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

YOUR FARM OR BUSINESS ADDRESS (if different from mailing address)

CITY

STATE

ZIP

COUNTY

ESTIMATED DISTANCE FROM Queen Anne Farmers Market _____ miles

DAYTIME PHONE () _____ FAX () _____

EVENING PHONE () _____ CELL () _____

EMAIL

WEBSITE

FACEBOOK _____ TWITTER _____

Can you commit to providing Fresh Sheet information 48 hours prior to market? Yes (by email by call to Message Line) No N/A (products won't vary)

What is the best way for us to contact you during market season cell text email

WA STATE TAX UBI #

AUTO INSURANCE CO. & POLICY#

VEHICLE MAKE	MODEL	VEHICLE LENGTH & WIDTH
--------------	-------	------------------------

Do you need to sell from your vehicle? No Yes, approx . space needed: _____

Do you require electricity (very limited, possible surcharge) No Yes, amps: _____

PRODUCT LIABILITY INSURANCE CARRIER AND NUMBER (required for all processed and prepared food including fish, meats, dairy, preserves, pasta, baked goods, etc.)

CITY OF SEATTLE BUSINESS LICENSE NUMBER (required for nonfarm vendors)

FULL NAMES OF FAMILY MEMBERS or EMPLOYEES WHO MAY SELL FOR YOU (attached sheets if necessary):

Vendor is responsible for making sure staff/family who work the markets read and understand the *2010 QAFM Guidelines and Policies*.

WHERE ELSE CAN OUR CUSTOMERS FIND YOU?

Do you offer: CSA Online sales Home delivery Farm stand

List **all other farmers markets** you attend, as well as stores, restaurants or other venues at which your product(s) can be found:

Certifications held: ___Organic ___Transitional ___Other_____

VENDOR STATEMENT OF UNDERSTANDING

Vendor understands that the Market stall fee due for each Market day is of a minimum of \$30 per day or 6% of gross sales, and may be more, as outlined in the *2010 QAFM Guidelines and Policies*.

Vendor has read and understands the *2010 QAFM Guidelines and Policies* and is bound by the terms and conditions outlined in them. Vendor is responsible for making sure staff/family who work the markets read and understand the Guidelines and Policies. Vendor will sell only what is listed on this application.

Vendors are responsible for the quality and safety of what they sell. Vendor shall indemnify, keep and save harmless the QAFMA and all agencies the QAFMA has agreements with including: QA Neighbors for Responsible Growth, the City of Seattle, Seattle Department of Transportation, and the Seattle Department of Parks and Recreation 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 and shall defend at vendor's own expense any action brought against the QAFMA and any of the above mentioned organizations or any other person or organization with which QAFMA has a contractual relationship by vendor's acts or omissions.

VENDOR SIGNATURE

DATE

Enclosed is my check for _____ (\$30 nonrefundable annual application fee) made payable to QAFMA. Attach check and documents and mail by April 1, 2010 to:

Julie Whitehorn, Director
QAFM
2212 Queen Anne Ave N, Box 523
Seattle, WA 98109

FAX 206.286.1025 MESSAGE LINE: 206.428.1983

Thank you for your interest in our market!