Sedro-Woolley Farmers' Market Vendor Bio

Thank you for taking a few moments to fill out this form which will give the webmaster an overview of your business. This information will be used on the Market's website to showcase each the vendor's products and services. Make sure you include EVERYTHING you would like prospective buyers to know about you AND include NOTHING that you really don't want out there for public access—answer only what you are comfortable with, please! There is also a link on the website to contact the webmaster directly to change or update your info.

| FARM / BUSINESS NAME |
|--|
| NAME OF OWNERS |
| HOW LONG HAVE YOU OPERATED? |
| WHAT BROUGHT YOU TO, AND KEEPS YOU AT, THIS BUSINESS? |
| LOCATION |
| OPEN TO PUBLIC? (hours/days) |
| DO YOU WANT TO DIRECT PEOPLE TO YOUR FARM / BUISINESS? |
| PRODUCTS/SERVICES |
| |
| ORGANIC? |
| WILL YOU PUT TOGETHER SPECIAL ORDERS (i.e. planter boxes, 2 doz. ears of corn, cheese platte |
| etc) |
| EMAIL / OTHER CONTACT INFO |
| DO YOU HAVE YOUR OWN WEBSITE WE CAN LINK TO? |
| DO YOU HAVE PICTURES OF YOU AND / OR YOUR FARM / BUSINESS / PRODUCTS YOU WOUL |
| LIKE US TO USE? |
| ANYTHING ELSE? |

Sedro Woolley Farmer Market Vendor Application

| Vendor: | | | | | |
|---|-------------------------|--------------------|----------------|------------------|---------------------|
| Business Name: | | | | | - |
| Address: | | | | | |
| Address: Please provide address if production is | s at different location | | | | |
| Phone: Day | | | | | |
| Email: | | # | | | - |
| Catagory (Dlagge sheet all that anni | **) | | | | |
| Category (Please check all that appl Farmer* Food Processor* | | eller | | | |
| Farmers (Check all that apply) | | | | | |
| Vegetable Fruit Flowers_ | Berries | Eggs | _ Honey | Plants | Mushrooms |
| Animal Dairy Other | | | | | |
| *IF you wish to offer sample fruit or v | regetables, you mus | st obtain a | Temporary S | ervice Permit | from the County |
| Health Department. (This includes pro | cessed food like ci | der and sal | lsa) | | |
| ** All food processors are required to | provide the market | with a co | py of the agre | eement with a | commercial kitchen |
| they will be using, and/or copy of their | r permit. Please inc | lude this v | vith your app | lication. | |
| A 11 X7 1 D1 1 | 1 . 1 . 1 . 0 . (| · | . 1 . 1 | 1 1 6 11 | A 11 |
| All Vendors: Please describe your pro | | | | | |
| crafts/crafters must submit an applicat | ion and be approve | a by jury s | selection prio | r to seming at | the market. |
| | | | | | |
| | | | | | |
| | | | | | |
| Fees: | | | | | |
| Membership: \$25.00 Annually | | | | | |
| Application: \$5.00 new application fee | • | | | | |
| Weekly Stall fee: \$22.00 (Members) - | - \$35.00 (Drop-in) | | | | |
| Each vendor is responsible for appropri | riate licenses, healt | h permits o | etc. The mark | tet carries liab | oility insurance. |
| Return with your application fee to: | | | | | |
| Sedro-Woolley Farmers Market | | | | | |
| P.O. Box 20 | | | | | |
| Sedro-Woolley, WA 98284 | | | | | |
| (360) 610-7031 | | | | | |
| | | | | | |
| I have read and agree to abide by the p | policies of the Sedro | o-Woolley | Farmers Mar | rket as outline | ed in the handbook. |
| Signature: | | Da | te: | | |
| | 1 7 11 15 93 | N/F 1 4 T 7 | 1 D' | | |
| On the back you will find the Sedro-V | • | warket V | enaor B10. | | |
| Please fill this out if you have any cha | nges. Inank you! | | | | |