

Local Harvest Markets

localharvestmarket@att.net fax 707.320.9290

helping local farms feed their community

Application to sell at the Nut Tree Certified Farmers Market

Wednesdays 3-7pm, August 4, 2010 – November 17, 2010

\$15.00 Application fee for the 2010 introductory season

\$30.00 producer stall fee on each market day

Name _____

Business/Farm Name _____

Mailing Address _____

Street

City

Zip

Address of Production _____

Street

nearest cross street

City

Zip

County of production _____

Phone 1 _____ email _____

2 _____ Fax _____

Website/blog/etc. _____

Valid Certified Producers Certificate (CPC) yes no Valid thru _____

CPC number _____

List of products you wish to sell at market and approximate harvesting dates

(If selling all the items on CPC at market then state "all" and attachment will be reviewed)

Certified Organic? _____

Desired selling period at the market (August – November)

Employees of farm or business authorized to sell at the market

Enclose a copies of a valid CPC, proof of liability insurance and any other required documents

(health permits, business license, etc.)

Enclose Application fee of \$15.00 for 2010 Market Season

I have read the Local Harvest Markets Rules and Regulations

I request permission to sell at the Nut Tree Certified Farmers Market. I agree to pay the yearly application fee and weekly stall fees for each market day I attend. I agree to abide by the Local Harvest Markets (LHM) Rules and Regulations and by-laws pursuant to interpretation of market management. I/We hereby agree, as a certified farmers market participant that I/We will indemnify and hold harmless the sponsor of the market, LHM and its governing body, from and against any and all liability, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of action of any and every kind and nature arising out of or in any way connected with my/our occupancy as a certified farmers market participant or any of my/our related activities as a certified farmers market participant or market activity.

Signature

Date: _____

Print Name

to submit form print and send via fax or mail
c/o Local Harvest Markets
213 Buck Ave., Vacaville, CA 95688