

APPLICATION TO SELL AT THE CAPAY VALLEY REGIONAL FARMERS' MARKET

PRODUCER'S NAME: _____

BUSINESS NAME: _____ E-MAIL _____

MAILING ADDRESS: _____

PHONE: BUSINESS (_____) _____ HOME(_____) _____ FAX _____

LOCATION OF FARM OR BUSINESS:
(COUNTY ROAD INTERSECTIONS -- FOR MORE LOCATIONS PLEASE USE BACK)

COUNTY OF PRODUCTION: _____

NAMES OF EMPLOYEES WHO MAY SELL FOR THE PRODUCER:

NAMES OF FAMILY MEMBERS WHO MAY SELL:

APPLYING TO SELL ON: _____

OTHER MARKETS AT WHICH YOU SELL:

CERTIFIED PRODUCER'S CERTIFICATE:
(please enclose copy)

HEALTH DEPARTMENT CERTIFICATE:
(please enclose copy)

OTHER LICENSES, PERMITS, ETC.:
(please enclose copy)

I request permission to sell at the Capay Valley Regional Farmers' Market. I have read the rules of the Market. I agree to abide by these rules and all other laws, codes and regulations as amended, to cooperate with the Market management and to pay the required fees.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____