



Auburn Farmers Market

Vendor Application

Farmer/Grower Specialty Food Artisan/Crafter
 Retailer Food Truck

Name: _____ Phone: _____

Business Name: _____ BusinessPhone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Preferred method of contact from the public: Phone (Home) Phone (Bus.) Email Other

Do you accept credit/debit card(s) at the Market? Yes No

Are you interested in participating in the Food Assistance Benefits programs available? Yes No

Auburn Farmers Market (Market) operates Tuesdays and Thursdays from 3-6:30 pm, the first Tuesday in June through the last Thursday in September. Annual, daily, and drop in vendors interested in selling at Market are required to complete and submit an application and necessary copies of license, certification, and/or proof of insurance prior to their first Market day. All retail items are subject to Market Manager approval. The fee for each 12' x 12' space is a daily rate of \$5.00 for Tuesdays and Thursdays. Multiple spaces are available upon request at the daily rate per space. Vendor is to provide own table and chairs. Please tell what day/s you're interested in participating:

Daily:

Food Truck Vendor daily rate for Tuesdays or Thursdays = \$25 with preapproved application

Tuesday only daily = \$5.00 Thursday only daily = \$5.00

Annual:

Tuesdays only annually = \$80 Thursday only annually = \$75 Both days annually = \$155

*Savings of \$10 off Daily Rate *Savings of \$10 off Daily Rate *Savings of \$20 total discount

***Based on 18 Tuesdays and 17 Thursdays throughout Market Season.**

Please indicate which social media outlets your business utilizes:

Social Media	Yes/No	Page Name
Facebook	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Twitter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
YouTube	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is your business certified organic? Yes No Please provide certification information with application.

Indicate below if you or your business possess any other license or certification. If so, please provide a copy of your license and/or certification.

Type	Identification Number
Sales Tax License	
Commercial Kitchen License	
Nursery Market Dealer's License	
Apiary License	
Other	

Retail - List all products			

****ADD ADDITIONAL PAGE(S) IF NECESSARY**

***Completed application must be returned along with payment and proof of insurance and/or certifications/license before the first scheduled Market day.**

I certify that the above information is correct and accurate.

FOOD VENDORS ONLY: I understand that if I am approved as a Vendor at the Farmer's Market, then I will have to sign a separate agreement outlining the terms and conditions of the use.

Vendor Signature: _____ Date: _____

OFFICE USE ONLY	
DATE APP RECEIVED: _____	STAFF MEMBER RECEIVING APP: _____
DATE INSURANCE RECEIVED: _____	FORM OF PMT: _____ CHECK # _____
DATE RECEIVED: _____	PAYMENT AMOUNT: _____
RECEIVED BY: _____	TABLE #: _____