

Upland Farmers Market Vendor Application

Full Name:			Date:	
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		
Company N	lame:			
Type of Ver	ndor:			
Check Box	Producer			
Package				
-	d Food/Food to Be Consu	ned on Site		
Craft/Art	isan Goods			
Non-prof	fit			
Other				
Description	n:			
FOOD VENI Health Perr		copy each of liability insurance cert	ificate and current Sa	n Bernardino County
	Health Permit	_		
#	Exp. Date			
and/or the City with all marke broadcast, tele	y of Upland, their agents, re t activities. I agree that boo ccast and/or print media acc	nive any and all rights and claims for damages the presentatives, and hold each of them harmless the fees are non-refundable. I hereby give permit count for this event. I acknowledge I have read a led by the market. I acknowledge my participati	for any and all injuries and/ ssion for the free use of my and fully understand the res	or damages suffered in connection name and pictures in any trictions stated herein and I agree
Signature:			Date:	
Emergency Co	ntact: Name:	Phone:		

Note: Food vendors, for more information regarding obtaining a SB County Health Food Permit, you may call or text 800-442-2283. All vendors required to obtain City of Upland Business License; please call 1-888-602-0239 or go to http://upland.hdl.gov.com. Please email your application to uplandfarmersmarket@gmail.com.