

2026 Richland Farmers Market

RICHLANDWAFARMERSMARKET.COM

APPLICATION TO SELL

Business Name _____

Owner Name _____

Email Address _____

Mailing Address _____

Farm/Business Address _____

City _____ State _____ Zip _____

Main Phone # _____ Cell Phone # _____

Emergency # _____ Business License # _____

Farm Acreage Owned _____ Farm Acreage Leased* _____

*Vendor must provide copy of farm acreage lease and list items on that leased property for market consideration.

Goods to be sold - list item and approximate date:

Space Needs:

Some spaces will accommodate a full-size pickup truck along with a 10'x10' canopy. Others have room for a canopy but no vehicle. Please specify your needs by checking the appropriate box:

- ☐ 10 x 10
- ☐ 10 x 10 with vehicle (provide vehicle length in feet and justification of why vehicle is needed)

Vehicle info: _____

Internal Use

Received: _____

Amount: _____

Payment Type: _____

Insurance: _____

Approved: _____

Electrical Needs:

Limited electrical power is available and several vendors will share the same circuit breaker. If you wish to be assigned a space with an outlet, you **MUST** provide a description of the equipment to be used and the current required (example: commercial blender, 15 Amps.)
Generators not allowed without prior approval.

Item: _____ Amps: _____ Volts: _____ Watts: _____

Demonstration:

Would you be interested in participating in a market demonstration? If so, please give a brief description:

Insurance:

All vendors are required to provide insurance information for each vehicle entering the market.

License Plate#/State: _____

Insurance Company/Policy: _____

General Liability Insurance: ALL VENDORS are required to obtain a liability insurance policy of not less than (\$1,000,000.00) one million dollars, listing Richland Farmers Market as additional insured on the policy.

Insurance policy information must be given to the market manager the Wednesday before vending at the market, or your spot will be given to another vendor.

PLEASE SEE ATTACHED DOCUMENT CHECKLIST.

Attendance:

___ I plan to attend the entire season ___ I plan to attend the following dates (circle dates):

June	5	12	19	26	
July	3	10	17	31	(no market 24)
August	7	14	21	28	
September	4	11	18	25	
October	2	9	16	23	30

Applications are due by March 31, 2026. Please make checks payable to RPIA. Mail registration checks and application to:

Richland Farmers Market
9441 West Sagemore Road
Pasco, WA 99301

Hold Harmless Agreement:

Vendor has read and understand the Richland Farmers Market guidelines and policies and is bound by the terms and conditions outlined in them. Vendor will sell only what is listed on this application. Vendor is responsible for the quality and safety of what they sell. Vendor shall indemnify, keep and save harmless the Richland Farmers Market and all agencies the Richland Farmers Market agreements with, including the Richland Parkway Improvement Association and the City of Richland, from and against, any and all claims and demands, whether for injuries to persons, or loss of life, or damages to property, on or off the premises, arising out of use or occupancy of the premises by vendor, including legal fees incurred to defend rights under this agreement, and shall defend at Vendor's own expense any action brought against the Richland Farmers Market and of the above mentioned organizations or any other person or organization with which Richland Farmers Market has a contractual relationship by Vendor's act or omissions.

Vendor Signature _____ **Date** _____

UPDATED
Market Manager Contact:
Kathy Hanson, Market Manager
Cell: (509)-986-6828
Email: farmmarketrichland@gmail.com

Vendor Contact & Social Media Information:

Phone: _____

Email: _____

Website: _____

Facebook: _____

Instagram: _____

May we share this info on our website, social media, or with prospective customers?

____ YES

____ NO

Document Checklist

The following documents are enclosed with this application (initial those that apply):
ALL RELEVANT DOCUMENTS MUST BE ATTACHED

_____ I have a Washington State Dept of Health Food Workers Permit
(please initial)

_____ Any/all staff or workers have a Washington State Dept of Health Food Workers Permit
(please initial)

_____ I have a Washington State Master Business License
(please initial)

_____ I have a Washington State Dept. of Agriculture Food Processors License
(please initial)

_____ I have a certificate of commercially certified kitchen
(please initial)

_____ I have a Washington State Liquor Control Board Endorsement (for sale of WA State wines/
beers/spirits at Farmers Markets)
(please initial)

_____ I have a Washington State Liquor Control Board MAST Permit
(please initial)

_____ Any/all staff or workers have a Washington State Liquor Control Board MAST Permit
(please initial)

_____ I have a Milk Producer/ Processing Plant License
(please initial)

_____ I have an Egg Handler/Dealer License
(please initial)

_____ I have an Organic Food Producer Certification
(please initial)

_____ I have a Pesticide Applicator's License
(please initial)

_____ I understand that the Richland Farmers Market reserves the right to conduct farm visits with
at least 24 hours notice.
(please initial)

_____ I have a Certification of Product Liability & General Liability Insurance (Certificate holder-
Richland Farmers Market)
(please initial)

_____ I have a Washington State Nursery License.
(please initial)

_____ I have an onsite vehicle and have attached proof of insurance.
(please initial)