2020 RICHLAND Richlandwafa Applicat		COM	Internal Use Received: Amount: Payment Type:
Business Name Owner Name			Insurance: Approved:
Email Address Mailing Address			
Farm/Business Address			
Main Phone #			
Farm Acreage Owned	Business License # Farm Acreage Leased* arm acreage lease and list items on that leased prop-		
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:

 $\square 10 \ge 10$

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

Vehicle info:

Electrical Needs:

Limited electrical	power is available and	several vendors will share th	e same circuit breaker. If you wish
to be assigned a s	pace with an outlet, you	MUST provide a description	n of the equipment to be used and
the current requir	ed (example: commercia	al blender, 15 Amps.) Genera	ators not allowed without prior
approval.			
T/		X7 1/	XX Z AA

Item:	<i>A</i>	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 included with this application or given to the market manager the Wednesday prior to vending at the market, or your spot will be given to another vendor.

PLEASE SEE ATTACHED DOCUMENT CHECKLIST.

Attendance:

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

June July	5	12 10	19 17	$\frac{26}{100}$	arket July 24)	31
August	3 7	10	21	28	alket July 24)	51
September October	4 2	11 9	18 16	25 23	30	

Vendor Expenses:

Yearly Market Registration: \$50 Registered Vendors: \$30 per stall per day Unregistered Vendors: \$40 per stall per day

Applications are due by March 31, 2020. Please make checks payable to RPIA. Mail registration checks and application to:

Richland Farmers Market 9441 West Sagemoor Road Pasco, WA 99301

Hold Harmless Agreement:

Vendor has read and understands the Richland Farmers Market guidelines and policies and is bound by the terms and conditions outlined in them. <u>Vendor will sell only what is listed on this application</u>. 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 _____

Contact:

Kathy Hanson, *Market Manager* Cell: (509) 539-7229 Email: herbsetal@pocketinet.com

Vendor Social Media Contact Information:

Phone:	
Email:	
Website:	
Facebook:	
Twitter:	
Instagram:	
May we share this info on our website, $\Box Y$	/es

social media, or with prospective customers \Box No

Document Checklist

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

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

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 (if using scale, registration of scale (please initial) must appear on license)

 $\underbrace{}_{(\text{please initial})} \text{I have a Washington State Dept. of Agriculture Food Processors License}$

 $\overline{\text{(please initial)}}$ I have a certificate of commercially certified kitchen

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

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

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

I have an Organic Food Producer Certification

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

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

I have a Certification of Product Liability & General Liability Insurance with Richland (please initial) Farmers Market listed as additional insured

(please initial) I have a Washington State Nursery License

 $\overline{(\text{please initial})}$ I have an onsite vehicle and have attached proof of insurance