

# 2024 RICHLAND FARMERS MARKET

RICHLANDWAFARMERSMARKET.COM

## APPLICATION TO SELL

Internal Use
Received: _____
Amount: _____
Payment Type: _____
Insurance: _____
Approved: _____

Business Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Farm/Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ 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: \_\_\_\_\_

**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: \_\_\_\_\_

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**Demonstration:**

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

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**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	7	14	21	28
July	5	12	19	(No market 26)
August	2	9	16	23 30
September	6	13	20	27
October	4	11	18	25

**Vendor Expenses:**

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



## 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)