



2019 NORTH BEND FARMERS MARKET VENDOR APPLICATION

Please review vendor requirements in our Market Policies prior to submitting this application.

NO RESALE products are accepted at this market.

Local businesses looking to connect with the local community may also apply as market sponsors, using the NBFM Sponsor Application.

CONTACT INFORMATION

Contact Name:	
Business Name:	UBI#:
Business Description:	
Mailing Address:	City, Zip:
Phone:	Cell Phone:
E-mail:	Website:

VENDOR TYPE (check all that applies):

- | | |
|--|---|
| <input type="checkbox"/> Farmer | <input type="checkbox"/> Youth Vendor |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Non-profit (info only) |
| <input type="checkbox"/> Prepared Food | <input type="checkbox"/> Business sponsor (use sponsor application) |
| <input type="checkbox"/> Artisan | |

List of products you wish to sell and approximate dates of availability:

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Names of representatives who may sell for you:

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BOOTH SPACE NEEDS:

Number of booth spaces desired? *Each space is approximately 10' x 10'.*

- | | |
|---|---|
| <input type="checkbox"/> 1 (\$30 per day for 10x10 space) | <input type="checkbox"/> 2 (\$60 per day for 10x20 space) |
|---|---|

Is electricity needed? *Note that availability is limited and not guaranteed.*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

Market days requested:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> All 14 days | <input type="checkbox"/> Select days (choose from list) |
|--------------------------------------|---|

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 6/6 4-8pm | <input type="checkbox"/> 7/11 4-8pm | <input type="checkbox"/> 8/15 4-8pm |
| <input type="checkbox"/> 6/13 4-8pm | <input type="checkbox"/> 7/18 4-8pm | <input type="checkbox"/> 8/22 4-8pm |
| <input type="checkbox"/> 6/20 4-8pm | <input type="checkbox"/> 7/25 4-8pm | <input type="checkbox"/> 8/29 4-8pm |
| <input type="checkbox"/> 6/27 4-8pm | <input type="checkbox"/> 8/1 4-8pm | <input type="checkbox"/> 9/5 3:30-7:30pm |
| NO MARKET 7/4 | <input type="checkbox"/> 8/8 4-8pm | <input type="checkbox"/> 9/12 3:30-7:30pm |

LICENSES AND PERMITS

All vendors must provide copies of applicable licenses and permits prior to selling at the market, which may include WA business license, liability insurance, automobile insurance, health department permits, liquor control board permits and others. Please see Farmers Market Policies for requirements by vendor type.

List of permits and licenses you will provide:

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2019 FEE SCHEDULE

- | | |
|------------------------------------|---|
| • Application fee (non-refundable) | \$25 due at the time of application |
| • Daily booth fee | \$30 for 10x10 space / \$60 for 10x20 space |
| • Youth booth fee | \$15 *restrictions apply |
| • Non-profit booth fee | \$0 *restrictions apply |
| • No show fee | \$30 *charged for all no shows |
| • Business sponsor | \$100 and up *use Sponsor Application |

APPLICATION CHECKLIST

- I have completed and signed application form
- I have enclosed the \$25 application fee (non-refundable)
- I have already paid the \$25 application fee online (non-refundable)
- I will submit copies all applicable permits to Si View Metro Parks prior to selling at the market
- I have reviewed and understand the Farmers Market Policies
- I agree to the following terms:

The vendor has read and understands the North Bend Farmers Market Policies and is bound by the terms and conditions outlined in them. The vendor is responsible for the quality and safety of what they sell. Vendor shall defend, indemnify and hold the Si View Metropolitan Park District, its Commissioners, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of, or in connection with, the performance of this Agreement, except for injuries and damages caused by the sole negligence of the Si View MPD.

Signature	Print Name	Date
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By clicking this box I acknowledge that my printed name above serves as my digital signature.



Return completed application packet to:
Email: mrudd@siviewpark.org
Fax: (425) 831-1442
Mail: Si View Metro Parks/Minna Rudd, PO Box 346, North Bend WA 98045