

LA GRANDE FARMERS MARKET 2009 VENDOR APPLICATION

PO Box 1231, La Grande, OR 97850 541-975-2411 lgfm@oraction.org

Vendor Name: _____

Farm/Business name: _____

Address: _____

Phone: (day) _____ (evening) _____

Email: _____ Automatic inclusion to Farmers' Mkt. Google Group

List the products you intend to sell this year:

See Market Guidelines for description of permissible products.

_____	Application check list	✓
_____	Received & read market Policy manual (all vendors)	
_____	Received & signed EBT application (if applicable)	
_____	Attached copy of season calendar (if applicable)	
_____	Attached copies of required licenses (if applicable)	

Licenses and permits are required for the sale of some products. Please review the list below and check beside those licenses required for the operation of your business, enter the license number in the space provided, and attach a copy of the license to this application. You are responsible for bringing copies of your licenses to each market. **See Oregon Department of Agriculture State Guidelines for Farmers' Market Products to determine whether the sale of your product requires licensing.** http://oregon.gov/ODA/pub_fd_toc.shtml

Vendors selling potted plants _____ Nursery license _____

Vendors selling processed foods _____ Certified Kitchen license _____

_____ Temporary restaurant permit _____

Vendors selling products by weight _____ Scale license _____

Vendors selling "organic" products _____ Organic Registration _____

Other licenses or permits _____ (Type and #) _____

List family members or employees who may sell for you: _____

Permission Statement

May we give your contact information to prospective customers? ___ Yes ___ No ___ Initials

Customers occasionally want the name/phone number of a vendor whose product they would like to buy.

Comments or Special instructions for consent:

May we post your contact information on our website and in our advertising and marketing campaigns?

___ Yes ___ No ___ Initials

By saying yes to this question you give us permission to post your name / Company Name and contact information on our advertising and marketing publications, and post your contact information on our website.

Comments or Special instructions for consent:

Vendors may choose to participate on a seasonal or weekly basis. Season vendors must pay a \$50 non-refundable reservation fee, this fee goes toward the total amount due. The remainder is due at the beginning of the season (or by May 1 for 10% discount). All vendors must pay a \$25 membership fee, drop-in vendors may try out the market one time before becoming a member.

MARKET HOURS AND SEASON

Saturday Market
9am to noon - May 16 through Oct 24
(24 weeks)

Tuesday Market
4pm to 6pm - July 7 through Sept 29
(13 weeks)

Season vendors:

Please fill out the season calendar and attach to this application. Notify the market manager if any changes occur to your plans.

Partial season vendors:

You may reserve an *available* space for a designated period of time. You must pay in advance and reservations cannot be made until the partial season begins.

STALL SIZES

Stall sizes are approximate due to the curving nature of the space in Max Square. Each stall is measured across the front. We appreciate your cooperation with the Market Manager in determining a fair use of this space.

Full space – 10 ft Half space – 5 ft

FEES

Membership fee: \$25 per year (youth \$5)

<u>Season Vendors*</u>	<u>Weekly Vendors</u>
Sat. full space - \$288	Sat. full space - \$15
Sat. half space- \$144	Sat. half space - \$7.50
Tues. full space - \$130	Tues. full space - \$10
Tues. half space - \$65	Tues. half space - \$5

***10% discount applies to season vendors who pay in full before May 1**

(Saturday Season vendor rates based on 12.00 full/ 6.00 half space)

CHECK BESIDE THE LINES THAT DESCRIBE YOUR PLANS	
<input type="checkbox"/> Drop-in vendor	(pay each time you come)
<input type="checkbox"/> I am trying one market as a non-member	Amt due \$ _____
<input type="checkbox"/> Annual membership	Amt due \$ 25. ⁰⁰
<input type="checkbox"/> Saturday season vendor	Amt due \$ _____
<input type="checkbox"/> Tuesday season vendor	Amt due \$ _____
<input type="checkbox"/>	Total paid today _____

For all vendors:

I request permission to sell at the La Grande Farmers' Market (LGFM). I have read and agree to abide by LGFM's guidelines. I certify that the products listed above are produced in accordance with all county, state and federal laws and are grown or produced by myself unless otherwise noted.

I agree to indemnify and hold harmless LGFM and its directors, employees and volunteers as well as those of the City of La Grande and the La Grande Parks Department from and against all liability, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to my activities at LGFM.

Signature: _____ Date: _____