

Des Moines Waterfront Farmers Market Saturdays June – September 10 a.m. – 2 p.m.	CRAFTER/ARTISAN VENDOR APPLICATION Application Due: April 15
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PLEASE PRINT

Non-Refundable Application Fee \$30.00
Check payable to Des Moines Waterfront Farmers Market

CONTACT INFORMATION

BUSINESS NAME:	UBI NUMBER:
	APPLYING FOR: PLEASE CIRCLE PREFERRED DATES Partial Season for the follow dates**: June 2, 9, 16, 23, 30 July 7, 14, 21, 28 August 4, 11, 18, 25 September 1, 8, 15, 22, 29 **You will only be scheduled 1-2 dates per month
OWNER/OPERATOR'S NAME:	APPLYING AS: (Please review rules & check one) <input type="checkbox"/> Crafter <input type="checkbox"/> Local Business/Service
MAILING ADDRESS:	PHYSICAL PRODUCTION ADDRESS:
COUNTY:	WEBSITE:
PHONE:	EMAIL:

BRIEF DESCRIPTION OF PRODUCTS & APPROXIMATE DATES OF AVAILABILITY AT THE MARKET:	
Product	Date to Market

I certify that I have created my products (art and/or crafts) with my own hands. Items used to make my products are sourced locally as much as possible. I also certify that all items I offer for sale comply with the requirements as detailed in the Des Moines Farmers Market Guidelines & Policies. I have read, understand, and agree to abide by the rules.

Signed: _____
(Application continues on reverse side)

Date: _____

Des Moines Waterfront Farmers Market

Please complete the following and attach additional sheets as necessary.

PLEASE LIST NAMES OF ALL PEOPLE WHO WILL SELL FOR YOU.		
Name	Relation	Under 18? (see rules)

PLEASE PROVIDE INFORMATION ON THE MARKETS WHERE YOU PLAN TO SELL THIS SEASON.			
Market	Season Dates	Market Day	Products

PLEASE PROVIDE INFORMATION ON MARKETS YOU HAVE PARTICIPATED IN OVER THE LAST 3 YEARS.		
Market	Year of Season	Full/Partial Participation

The following is enclosed with my application:

- Crafters: Please include picture(s) of your work. Photocopies or B&W pictures are fine.
- Current copies of permits & licenses applicable to the sale of their products including, as applicable:
 - Vehicle Insurance
 - Product Liability Insurance
 - Business license

Please mail your application & check to:
 Des Moines Waterfront Farmers Market
 P.O. Box 98843
 Des Moines, WA 98198

For more information, please contact Rikki Marohl:
 Phone: (206) 650-3383
 Email: Market@DMFM.org
 Web: www.DMFM.org

What is your preferred form of communication (circle one)?

- Email
- Phone call
- Text