

<b>Des Moines Waterfront Farmers Market</b> Saturdays June – September 10 a.m. – 2 p.m.	<b>FARM VENDOR APPLICATION</b> Application Due: April 15
<b>PLEASE PRINT</b>	Non-Refundable Application Fee: \$30.00 Check payable to Des Moines Waterfront Farmers Market
<b>CONTACT INFORMATION</b>	
BUSINESS/FARM/CO-OP NAME:	UBI NUMBER:
	APPLYING FOR: (Please check one) <input type="checkbox"/> Full Season <input type="checkbox"/> Partial Season for the follow dates: <hr/> <hr/>
OWNER/OPERATOR'S NAME:	APPLYING AS: (Please review rules & check one) <input type="checkbox"/> Farmer <input type="checkbox"/> Processor <input type="checkbox"/> Value Added
MAILING ADDRESS:	PHYSICAL PRODUCTION ADDRESS:
COUNTY:	WEBSITE:
PHONE:	EMAIL:

<b>BRIEF DESCRIPTION OF PRODUCTS &amp; APPROXIMATE DATES OF AVAILABILITY AT THE MARKET: IF NEEDED ATTACH SEPARATE SHEET</b>	
Product	Date to Market

I certify that I, my family, and/or the members of my farmer-owned Cooperative grow or produce all food, or other items that I and/or members of my farmer-owned Cooperative offer for sale at the Des Moines Farmers Market, and that it has been grown or made in Washington State. I also certify that all items I and/or members of my farmer-owned Cooperative 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: \_\_\_\_\_ 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

**Please list the utilities you will need at the market:**

- Access to hot/cold running water
- Drinkable water from food grade hose
- Other: \_\_\_\_\_

**The following is enclosed with my application:**

- Current copies of permits & licenses applicable to the sale of their products including, as applicable:
  - Vehicle Insurance
  - Product Liability Insurance
  - Organically Grown Produce Certification
  - Grade A Dairy Permits
  - King County Dept of Health Food Handler’s permit
  - WA State Dept. of Agriculture Food Processors License
  - WA State Liquor Control Board Endorsement for sale of WA State wines at Farmers Markets
  - Pesticide Applicator’s License or Dept of Fisheries Wholesale License
  - Vendors selling shellfish must have additional licenses from the WA State Dept of Health.
  - WA State Nursery License
  - The appropriate temporary food service permit

**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