

Des Moines Waterfront Farmers Market Saturdays June – September 10 a.m. – 2 p.m.	FOOD VENDOR APPLICATION Application Due: April 15
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 check one) <input type="checkbox"/> Full Season <input type="checkbox"/> Partial Season for the follow dates: _____
OWNER/OPERATOR'S NAME:	APPLYING AS: <input type="checkbox"/> Ready to Eat Vendor <input type="checkbox"/> Processor Do you have a tent, truck , or trailer? Dimensions?
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 offer freshly made food available for sale and immediate consumption on site at market. I will also comply with all state, county and local health department rules and regulations. I will use ingredients produced in Washington state 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: _____

Date: _____

(Application continues on reverse side)

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:

- | | |
|--|--|
| <input type="checkbox"/> Access to hot/cold running water
<input type="checkbox"/> Drinkable water from food grade hose | <input type="checkbox"/> (1) 20 amp 120V outlet
<input type="checkbox"/> 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
 - 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
 - The appropriate temporary food service permit

Please mail your application & check to: For more information, please contact Rikki Marohl:

Des Moines Waterfront Farmers Market	Phone: (206) 650-3383
P.O. Box 98843	Email: Market@DMFM.org
Des Moines, WA 98198	Web: www.DMFM.org

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

- Email
- Phone call
- Text