



Orting Valley Farmers Market Vendor Application 2019

Business Name:

UBI or Non-Profit ID#:

Type of vendor (circle one):

Farmer/Grower Processor Reseller Food Vendor Craft Vendor Non-Profit

Vendor/Contact Name:

Mailing Address:

Business location (if different):

Website or facebook page:

Phone:

Email:

Describe products to be sold at market. Indicate any items for resale (must be approved):

Farmers/Resellers please circle any that apply:

Row crops Berries Tree fruits Eggs Meat Dairy Fish

2019 Market Season: June 7 - September 27

Fridays 3-7PM (or until dusk, whichever is earlier)

North Park (corner of HWY 162 and Calistoga in Orting)

Circle Dates you will attend:

- **Full Season**
 - **\$255 (\$15/day)**

OR

- **individual dates**
 - **\$25/day**

June 7 June 14 June 21 June 28
July 5 July 12 July 19 July 26
Aug 2 Aug 9 Aug 16 Aug 23 Aug 30
Sept 6 Sept 13 Sept 20 Sept 27

of Days _____ **x \$25 = Fees Due:** _____

Market booth spaces are approximately 10' x 10'. If you would like a 20' x 10' space, please check here _____ and double your fees.

If you would like to pay in 2 installments, please check here _____ and submit 50% payment at this time. The remaining 50% will be due on July 1.

Non-Profits: For organizations selling product or fundraising the fee for the full season is **\$40**. For information only booths the fee for the full season is **\$20**.

Applications are due by May 1

Farmers/Growers, Processors, and Food Vendors selling items for human consumption must supply a copy of current product liability insurance and applicable permits before the market season begins.

Insurance Company:
Policy #:

Vendors sampling food items or selling items that fall under local health department jurisdiction must supply copies of applicable permits before the market season begins.

Each vendor agrees to abide by the Orting Valley Farmers Market Rules, and defend, indemnify and save harmless the Orting Valley Farmers Market, its manager, volunteers, board members and employees, the City of Orting, its appointed and elected officers, officials, and employees from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the Orting Valley Farmers Market, its manager, employees, and volunteers, the City of Orting, its elected or appointed officials, and employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of therefrom, arising out of any activity under or in connection with this event.

I have read, understand, and agree to comply with Orting Valley Farmers Market rules and application requirements. Market rules can be read [here](#).

Vendor Signature _____ **Date:** _____

Send application, payment, and required documents to

**OVFM
PO Box 1665
Orting, WA 98360.**

Please make checks payable to Orting Valley Farmers Market.

Questions? Please email us at: ovfmcontact@gmail.com or call 360-872-6836