

Orting Valley Farmers Market Vendor Application 2018



Business Name: _____ **UBI or Non-Profit ID#:** _____

Type of vendor (circle): Farmer/Grower Processor Food Vendor Craft Vendor Non-Profit

Vendor/Contact Name: _____

Mailing Address: _____

Business location (if different): _____

Phone: _____ **Email:** _____

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

Market Hours: 3-7 PM, Fridays at North Park (corner of HWY 162 and Calistoga in Orting)

Circle Dates you will attend:

ALL or June 8, 15, 22, 29 July 6, 13, 20, 27 August 3, 10, 17, 24, 31 September 7

Vendors: Market booth spaces are 10' x 10' and cost **\$20 per day OR \$150 for the full season** for applications received before **MAY 1**. Applications received after May 1 will pay \$175 for the season.

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**.

Number of spaces requested: _____ **Fees Due:** _____

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, 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.

Farmers/Growers, Processors, and Food Vendors must supply a copy of current product liability insurance and applicable permits with payment and application. Market rules can be found on our website.

I have read, understand, and agree to comply with Orting Valley Farmers Market rules and application requirements.

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