

Kitsap Regional Farmers Market Association, Operating the Port Orchard Farmers Market

2019 MEMBERSHIP APPLICATION /CONTRACT for VENDORS

NEW VENDOR
 RETURNING VENDOR – VENDED LAST YEAR
 RETURNING VENDOR – DID NOT VEND LAST YEAR

BUSINESS NAME _____ UBI# _____ (1 UBI per application)

NAME _____ PARTNERS/ HELPERS NAMES _____

BUSINESS LOCATION _____ MAILING ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

EMAIL _____ CELL # _____ PHONE # _____

VEHICLE(s) DESCRIPTION _____ LICENSE # _____

AUTO LIABILITY INSURANCE POLICY # _____ INSURER _____ EXPIRATION DATE _____

List special needs: (example: trailers, large trucks, loading issues, electricity, water, handicapped vendor, etc.)

SPACE SIZE WANTED 10 X 10 10 X 20 5 X 10 OTHER

Office Use ()	Check Vendor Type(s) & fill in license & permit numbers	List Products – be specific please. Use additional pages if needed
	Vendors must provide a copy of all required permits & licenses to manager & display in stall when selling. (see Vendor Guide for more info)	
()	() Farmer – fresh produce (fruits & vegetables) or raw honey UBI # for Scale Registration only: _____	
()	() Farmer – Eggs, Meats or Seafood SPEC. Permit # _____	
()	() Farmer – Plants or Flowers (must live on Kitsap Peninsula) UBI (Nursery License) _____	
()	() Processed Foods (must live on Kitsap Peninsula) Food Handlers # _____	
()	Temp Food Est. Permit # _____	
()	WSDA Permit # _____	
()	Product Liability Ins. # _____	
()	Insurer: _____	
()	(must name POFM as additional insured)	
()	I grow the crops, fish, etc. I process (farmer) _____	
()		

() () () () () () () ()	()	Prepared Food (onsite cooking/food prep) (must live on Kitsap Peninsula) Food Handlers # _____ Temp Food Est. Permit # _____ OR: Cottage Food Permit # _____ (provide approved list) WSDA Permit # _____ \$1 mil. Ins. Policy # _____ Insurer _____ (must name POFM as additional insured)	
() () ()	()	Crafter / Artisan (must live on Kitsap Peninsula) Screened (new vendors only) Product Liability Ins # (for skin care items): _____ (must name POFM as additional insured)	
() ()	()	Reseller of fresh WA State grown farm produce grown by others (must live on Kitsap Peninsula)	
<u>OFFICE USE ONLY</u>			
Membership Paid: _____ 1 st Half Res Paid: _____		Reserved Space: _____	
1 st Day Paid: _____ 2 st Half Res Paid: _____		Reserved Space: _____	

LIABILITY

The KRFMA / POFM disclaims any and all liability that may arise from the sale of goods by the vendors or by the conduct of the vendors. The KRFMA / POFM in no way guarantees the marketability or fitness of the vendors' goods, nor does KRFMA / POFM guarantee the success of the vendor's efforts. Members will be accepted based on residency within the Greater Kitsap Peninsula boundaries, market product balance, and seniority.

The signer of this contract agrees to hold the KRFMA / POFM harmless for any problems that may arise from the vendors' use of the property occupied by the farmers markets.

CANOPY REQUIREMENT - All vendors who wish to erect canopies (including umbrellas) on the Farmers Market site during a normal period of market operations, including the set up and break down period, are required to have their canopies sufficiently and safely anchored to the ground from the time their canopy is put up to the time it is taken down. Any vendor who fails to properly anchor his or her canopy will not be allowed to sell at the Farmers Market on that market day, unless that vendor chooses to take down and stow their canopy and sell without it. Each canopy leg must have no less than 24# (pounds) anchoring each leg, and market umbrellas, 50#.

LIABILITY - Vendor assumes responsibility for any insurance deductible or other charge made against the KRFMA / POFM resulting from damage to persons or property by their canopy, umbrella, displays or products.

VENDOR will follow all procedures & rules outlined in the current Vendor Guide, including but not limited to:

1. Arrive at the market site in time to unload, move vehicle & set up before market opens
2. Park my vehicle(s) in vendor designated parking areas only
3. Follow market manager & staff instructions
4. Honestly report daily sales made at my booth
5. I have downloaded or was given a printed copy of the Vendor Guide - Market Rules & Bylaws. I agree to follow all policies, rules & bylaws in the Vendor Guide and make sure anyone working at my booth does as well.
6. Accept all market tokens and vouchers that apply to your products (EBT, Credit, Debit, FreshBucks)
7. Abide by the Canopy Requirement of 25 pounds of weight on each leg of my booth's canopy, and 50 pounds of weight for a market umbrella, or more if needed. (see <http://wafarmersmarkets.org/resource-file/CanopySafety101.pdf> for info & ideas)

All vendors agree to have a POFM Site Visit Committee visit vendor's physical production or farm locations to verify they are producing or growing their products per WSFMA and POFM policies.

It is the responsibility of all members to familiarize themselves with, and follow the policies and procedures in this Member/Vendor Guide, including the POFM Market Rules and ByLaws.

www.pofarmersmarket.org - for more info & to download Vendor forms and current VENDOR GUIDE containing all market policies, procedures, rules and bylaws.

My signature indicates that I have read the Vendor Guide policies, rules and bylaws and agree to abide by all the policies, rules, and bylaws of the Kitsap Regional Farmers Market Association / Port Orchard Farmer Market.

Signature(s) _____ **Business Name** _____ **Date** _____

OPTIONAL:

I hereby grant the Port Orchard Farmers Market permission to:

_____ *publish my name, business name, address, website URL, and phone numbers in Market publications and on our website.*

_____ *be photographed, voluntarily and without compensation by the Port Orchard Farmers Market, understanding that the same, along with my name, is intended for publication by print media, television, video, social media pages or on the Port Orchard Farmers Market Website.*

_____ *share my contact information with the public upon request (example: market customer emails our manager looking to contact a particular vendor)*

_____ *share my contact information with other POFM Members for the purpose of conducting market business (example: giving committee members phone #/email to other members of the same committee)*

X _____ / _____
(Print) Member Name Business Name

X _____ Date _____
(Signature) Member Name

In case of Emergency during Saturday Market Hours, please contact:

Name _____ Phone Number(s) _____

KEEP THIS PAGE FOR YOUR REFERENCE

MARKET FEES *(all vendors must be market members):*

If your application is not accepted, any fees paid will be returned to you.

- **Annual Membership Dues :**
\$20.00 single membership / 1 vote **or**
\$40.00 double membership / 2 votes (for families or partnerships, optional)

- **Daily Vendor Stall Fees:** *(member vendors may share space up to two per full space)*
\$15 half space - 5' wide X 10' deep
\$25 full space - 10' wide X 10' deep
\$50 for double space - 20' wide X 10' deep
\$5 for electric access, if needed

Applications are welcome throughout the season; however, space cannot be guaranteed. We maintain waiting lists for full product categories. All Vendors must reside on the Kitsap Peninsula with the exception of farmers who may live and farm anywhere in Washington State. We do give preference to Kitsap County farmers but strive to maintain a diverse and broad range of Washington farm products at the market.

New Arts and Crafts Vendors (or new product lines from returning vendors) are reviewed by the Arts & Crafts Screening Committee. Items must be handcrafted by the person selling them. This can be done before or after a membership or board meeting or on Saturday before market opens, or if you prefer, you can email your Screening application and product photos. It is best to call before applying to make sure we have space for your product category. Depending on the type of product(s), a site visit may be performed in order to confirm local production of said product(s). You will be contacted quickly to review your application.

Returning Reserved Vendors may pay your first half season fee now (see Stall Schedule Form to calculate) days less any "waived" days) to keep the same space you had last season. See the Vendor Guide and Stall Schedule Form for more information.

PLEASE RETURN (make copies for yourself):

1. this application, completed and signed (keep page 5 for your records)
2. copies of all business licenses and permits
3. copy of current Auto Liability Insurance ID Card for all vehicles you will drive into the marketability
4. Arts & Crafts vendors – Screening application, completed and signed
5. Reserving Vendors – Reserved Vendor Stall Schedule, half season stall fees
6. \$20 single / \$40 double Annual Dues

Attn: Market Manager
Port Orchard Farmers Market
P.O. BOX 8247
Port Orchard, WASHINGTON 98366

Questions or Problems, please CONTACT manager@pofarmersmarket.org 360-602-1022