Lynnwood Farmers Market 2015 Vendor Application
Thursdays 3:00 – 7:00 pm, June 11 – September 10, 2015

APPLICATION MUST BE FILLED OUT COMPLETELY AND REGISTRATION FEE RECEIVED BY APRIL 15, 2015
APPLICATION FEE (NON-REFUNDABLE): $20.00

Please read the 2015 Rules & Regulations Packet before completing your application.

Business Name: _______________________________________________________
Contact Name: _________________________________________________________
WA STATE TAX (UBI) #: _________________________________________________
Mailing Address: ___________________________________________________________________
City: ___________________________ State: ____ Zip: ___________ County: ________________
Business Phone: ___________________________ Cell Phone #1: ___________________________
Fax: __________________________________________
E-Mail Address: ___________________________ Website: _____________________________

What is the best way for us to contact you during the market season (e.g. Cell, Email, Biz phone)?: ____________

Does your business carry General Liability Insurance? Y / N If yes, who is your carrier? ________________

Does your business carry Product Liability Insurance? Y / N If yes, who is the carrier? ________________

Do you take debit card transactions? Y / N

Highlight or Circle Individual dates you would like to attend:

<table>
<thead>
<tr>
<th>Month</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>11 18 25</td>
</tr>
<tr>
<td>July</td>
<td>2 9 16 23 30</td>
</tr>
<tr>
<td>August</td>
<td>6 13 20 27</td>
</tr>
<tr>
<td>September</td>
<td>3 10</td>
</tr>
</tbody>
</table>
Select Booth Type (see Rules & Regulations Packet for daily fee schedule):
FARMER _______  NURSERY _______  PROCESSOR _______  PREPARED FOOD _______

Please check all licenses and permits you are required to have to operate your business and

**PROVIDE A COPY OF EACH WITH THIS APPLICATION:**

___ Temporary Event Permit (Health Dept.)  ___ Egg Handler
___ Food Processors Permit  ___ Grade A Dairy Permit
___ Commercial Kitchen Permit  ___ Fisheries Wholesale License
___ Food Handler’s Permit  ___ Foragers provide copies of any National or Local Forest Permits,
___ High Hazard  mycological society memberships, etc.
___ Organic Certification  ___ WSDA Hive Registration
___ Nursery License  ___ Other: ________________________________

**Farmers / Nurseries:**

1. Type of Grower:  □ Conventional  □ WSDA Certified Organic  □ Bio Dynamic  □ Hydroponic
   □ Other ________________________________ (not certified and use only OMRI Certified Fertilizers)
   Certification # ________________________________

2. Total # of acres you cultivate for your farmers market business: ________________________________
   Total # of acres your own: ________________  Total # of acres you lease/rent: ________________
   Total # of acres of orchard: ________________  Total # of acres of row crop: ________________
   Total # of acres of livestock: ________________

3. Are you approved as a Farmers Market Nutrition Program Grower?  □ Yes  □ No  □ Application Pending

4. What other farmers markets do you sell at? ________________________________

5. Please list ALL items to be sold at the market (i.e. all the produce you planted and plan to bring): ________________________________
   ________________________________
   ________________________________
   ________________________________

□ I certify that all products I will offer for sale at the Lynnwood Farmer’s Market have been or grown by me in the State of Washington.
Processors:

1. What is the primary product you produce (refer to Rules & Regulations for description)?

2. Where is your processing facility?

3. What other farmers markets do you sell at?

4. Please list ALL items to be sold at the market (what items you are bringing that you have licenses to sell):

☐ I certify that all products or other items I offer for sale at the Lynnwood Farmer’s Market have been handmade, or processed by me in the State of Washington and ingredients are sourced from Washington State.

☐ I understand I must attend and showcase my products at the Juried Selection event on Saturday, April 11 to apply to the Lynnwood Farmers Market.

Prepared Food (Ready to Eat):

1. Description of Food Style:

2. Type of Truck: ☐ Food Truck ☐ Trailer ☐ Mobile Cart

3. Truck / Cart Dimensions: Height: x Width: x Length:

4. List a sample of Menu items and prices:

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I certify that all products or other items I offer for sale at the Lynnwood Farmer’s Market have ingredients sourced from Washington State.

☐ I understand I must attend and showcase my products at the Juried Selection event on Saturday, April 11 to apply to the Lynnwood Farmers Market.
Releases

Indemnity
The City of Lynnwood shall not be held liable for any debt, tax or assessment incurred by a Market vendor in the operation of his/her booth, nor for any salary, employment benefit or expense due to any of the vendor's employees.

The City of Lynnwood, Lynnwood Farmers Market, and the Market's sponsors shall not be liable for the result of any accident, loss or damage to any person or to any property used by, or in the possession of, a vendor while at the Market, whether such accident, loss or damage occurs during the vendor's time of preparation, occupancy, or removal from the Market.

In consideration of the privileges granted to the vendor in this agreement, to the maximum extent permitted by law, the vendor shall defend, protect, indemnify and hold harmless the City of Lynnwood, and the City's officials, employees, agents, contractors and consultants, from any and all claims, demands, suits, actions, damages, penalties, and liability of any kind, including injuries to persons (including but not limited to the vendor, the vendor's employees, and any member of the public) or damages to any property, which arise out of or are related to any negligent acts, errors, omissions of the vendor or the vendor's business in connection with the performance of obligations or exercise of rights under this agreement; provided, that if any such damages and injuries to persons or property are caused by or result from the concurrent negligence of the vendor and the Lynnwood Farmers Market or the City, then the vendor's obligation hereunder applies only to the extent of its negligence.

Media / Photo / Video
I hereby consent, authorize, and grant permission to the City of Lynnwood to take, use, re-use, copyright, publish, and re-publish my name and likeness or voice, and that of any employees or volunteers associated with my business at the Lynnwood Farmers Market, whether in photograph, video, digital, electronic, or other image or sound recording format, for advertising, trade, and any other promotional purposes, without payment or compensation. I understand that such photographs, video, and other image or sound recordings may be used for marketing and publicity purposes by the Lynnwood Farmers Market and City of Lynnwood, in printed or electronic format, including on the City's website, and I waive any right to inspect or approve the printed or electronic materials, videos, websites, or other recordings where my image or voice appears. I agree that all such recordings shall be and remain the property of the City of Lynnwood.
Market Agreement
I have read and understand the Lynnwood Farmers Market 2015 Rules & Regulations and am bound by the terms and conditions outlines therein. This document shall become a part of the agreement to participate in the Lynnwood Farmers Market.

☐ I will abide by the rules and regulations of the Lynnwood Farmers Market. I understand that applications are considered on a first-come, first-served basis.

Enclosed is my check for ☐ $20.00 (farmers/processors) or, ☐ $30.00 (food preparers) made payable to: CITY OF LYNNWOOD

SIGNATURE: ___________________________________ DATE: __________

Print Name: ____________________________________________________________

Print Name of Farm/Business: ____________________________________________

Questions can be directed to:
Marielle Harrington, Market Manager
mharrington@ci.lynnwood.wa.us
425-670-5532

Mail Application to:
City of Lynnwood
Attn: Lynnwood Farmers Market
PO Box 5008
Lynnwood, WA 98046-5008