



P.O. Box 3192
Bonners Ferry, ID 83805

www.bonnerrferryfarmersmarket.org
info@bonnerrferryfarmersmarket.org

Vendor Application

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Phone # (____) ____ - ____ Cell # (____) ____ - ____ E-mail Address: _____

Emergency Contact: _____ Phone: (____) - ____ - ____

Product you will sell at our market (list all): _____

Participation: To better help us plan our season please circle the weeks you anticipate vending at the market.

Apr: 4 **May:** 1 2 3 4 **Jun:** 1 2 3 4 5 **Jul:** 1 2 3 4 **Aug:** 1 2 3 4 **Sept:** 1 2 3 4 5 **October:** 1

Request a space: A space is 10 x 10 ft. You will need to keep your display area within these boundaries.

- 1 (10 x 10) ANNUAL MEMBERSHIP** - \$25 fee plus 5% of gross sales.
- 1 (10 x 10) NON-PROFIT/ORGANIZATION** - FREE on a space available basis. Information only – NO SALES.
No political or religious information will be allowed.

I request to participate in the Bonners Ferry Farmers Market. My signature below indicates that I agree to read and to abide by the polices & procedures of the Market. I realize that failure to do so may result in revocation of attendance privileges.

I also agree to indemnify and hold harmless the Bonners Ferry Farmers' Market, its representatives and agents from and against all liability, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to my activities at the market.

Signed: _____ Date: _____

Print Name: _____

I understand and have read the regulations regarding vendor food permits. I am required to make a copy of my permit or license if required, to be given to the Market Manager with my application, on the first day I vend at the Market. I must have a copy of my permit(s) on site at all times

Signed: _____ Date: _____

Print Name: _____



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VENDOR INFORMATION SHEET

To help promote the market and our vendors we ask that you provide the information below. This information will be used on the market website and may also be shared with members of the press on request for market publicity.

- I wish to opt out. Please do not list or share my information on the website. Initial here: _____
- Please list only my basic information (Name, Business, Address, Phone, e-mail, Products Sold)
- Please list my basic information and the following information.

Number of years vending at our market: _____ Seasons you vend: Spring Summer Fall

Unusual/Special Products: _____

New products this year: _____

Other places people may purchase/see your products. Other Farmers Markets you sell at and which days:

Your Website: _____ Do you want a link to it? Yes No
(All material to be pre-approved and suitable for family audiences and webhost guidelines)

Organic grower? Yes No # of years? _____ Certified? Yes No Certification # _____

Registered Organic? Yes No Registered # _____

Other certification: (Demeter, Oregon Tilth, USDA, etc.) or growing techniques: _____

Any other information you would like included about your farm, market booth, or products? _____

If you would like a picture of your booth/products (or a farm photo) on the market website, please bring one to the market. You can also e-mail your photo to info@bonnerrferryfarmersmarket.org. If you would like a photo of your booth/products taken during the market let the Market Manager know.

I hereby grant the Bonners Ferry Farmers Market permission to publish my name and business name, address, phone numbers, & other information provided in a Market Publication to be shared with other Market members and on the Market website.

Signed: _____

Date: _____

Print Name: _____