



2017 FARMERS MARKET

AT VIRGINIA MASON MEMORIAL

VENDOR APPLICATION

June 9 & 23, July 7 & 21,

Aug 4 & 18, Sept 1 & 15

FRIDAYS 10:00 a.m. - 2:00 p.m.

Please submit to: cindyparkey@yvmh.org

Please turn in application no later than Monday, May 1

Name: _____

Farm/Business Name: _____

Mailing Address: _____ City: _____ State/Zip: _____

Farm/Business Location Address: _____ City: _____ State/Zip: _____

Day Phone: () _____ Cell: () _____

Evening Phone: () _____ E-mail: _____

What is the best way for us to contact you during the market season?

mobile phone

e-mail

day phone

evening

Please list farmers' markets where you have sold at any time or are planning to sell this year:

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

If you intend to have others sell your products with you or for you, please list their names here:

Section 1: FARM VENDORS

Type of product: Produce Flowers Nursery Stock Processor Other Food Crafts

Description of your product(s) (Use a short sentence as you'd like it to appear in marketing materials):

Use the matrix below to list items to be sold at the VMM FM and dates of availability.

Vendors will be granted permission to sell what is listed, unless otherwise emailed an update of products to the Market Manager in advance of market day. If you prefer, attach a produce list.

Availability	Expected Products
June	
July	
August	
September	

Do you sell all of these products yourself? Yes___ No___ If no, check here to show that you have read and agree to follow the VMM FM Rules regarding "reselling of produce"___ .

Are your products grown organically? Yes___ No___ . If certified, you will be asked to provide a copy of organic certification upon selection to participate in the Farmers Market at VMM?

Do you plan to offer samples of your products? Yes___ No___ . If yes, contact Yakima County Health District: (509) 575-4040. You must have a Yakima County Food Workers' Card in order to offer sampling of your product.

Will you be providing a prepared product? Yes___ No___ . If yes you will need to get a seasonal permit with the Yakima County Health District: (509) 575-4040.

Section 2: PREPARED FOOD VENDORS

Description of Product (short sentence as you'd like it to appear in marketing materials):

Menu Items: List major items you plan to sell at the Farmers Market at Virginia Mason Memorial.
The Farmers Market at Virginia Mason Memorial maintains the rights to screen, test, and approve all items listed.

Menu Items: _____

Section 3: ARTISANS

Description of Product:

List all items to be sold at the Farmers Market at Virginia Mason Memorial.

Product	Original product that has been recycled or repurposed; OR list natural sources of materials used in your product

Section 4: VENDOR FEES

There is no fee.

We do encourage donations to the Memorial Foundation Healthy Yakima Fund.

Section 5: AGREEMENT

Your signature shows agreement that as a potential Vendor at the Farmers Market at Virginia Mason Memorial, you have read and understand the VMM FM rules as stated in the Farmers Market at VMM FM 2016 Vendor Handbook and that you are bound by the terms and conditions outlined in them. If selected, you agree to sell only what is listed on this application and you are responsible for the quality and safety of what you sell. You are encouraged - strongly - to obtain liability insurance for your product(s).

Your signature also proves that you agree to hold harmless directors, employees, 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 your activities at this market.

Your signature also shows that you are willing to share information about you and your business for VMM FM marketing purposes.

Vendor Applicant Signature: _____

Date: _____

For questions, please email cindyparkey@yvmh.org or (509) 575-8462