



2014 Prospective Vendor Application

Business Name: _____

Contact Name(s): _____

Email Address: _____ Website: _____

Mailing Address: _____

City/State/Zip: _____ County: _____

Contact/Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax#: _____

What do we have permission to post on the SROCFM website? (check all that apply)

Contact/Business Phone Address Email Website No Information

Sellers Permit/Certified Producers Certificate #: _____

Circle the market(s) you are interested in selling: Saturday Wednesday Both Days

Circle your anticipated selling season(s): Spring Summer Fall Winter

When would you be available to start participating in the market: _____

Other markets at which you sell: _____

Brief Description of what you sell:

Attach a copy of your Sellers Permit, Business License, Certified Producers Certificate and/or other pertinent documents such as Health Permits, Nursery Licenses or Organic Certification.

I have read, understand and agree to abide by SROCFM bylaws, rules and regulations. _____ (*Initial Here*)

This is a prospective vendor only, non-member application – no fee for applying

Signature: _____ Date: _____

Bring to Market Manager or Mail to: SROCFM – Application, PO Box 3148, Santa Rosa, CA 95402

www.thesantarosafarmersmarket.com

707-522-8629