



Farmers Market Vendor Registration Form 2010

Vendor Information: Please print clearly!

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security #: _____ Sales Tax #: _____

Unit Size Request: _____ size in feet Electric: No Yes # _____ amps

Certification Information: I am certified thru _____ (Date) Cert #: _____

Program Participation: WIC/Senior (Must participate for 11 consecutive weeks to quality)

EBT

Fruit & Vegetable Sales:

fruits & vegetables

Name all: _____

Licensed Meat Sales: (Must be from a certified State or Federal Facility)

meats

Name all: _____

Licensed Dairy Sales: (Must be from a certified State or Federal Facility)

dairy

Name all: _____

Licensed Food Sales: (Must be from a certified cannery and/or health inspected)

processed/canned foods (except jam & jellies)

Name all: _____

foods prepared for immediate consumption

Name all: _____

hazardous baked goods

Name all: _____

Non Licensed Baked Goods Sales:

baked goods

Name all: _____

Unregulated Other Sales:

plants - fresh flowers

Name all: _____

crafts/art

Name all: _____

food related commercial items

Name all: _____

other:

Name all: _____



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Non-Vendor Exhibitor:

What are you exhibiting? _____

Entertainment:

What type? _____

Sales Information:

First Day you will be selling: _____ (xx/xx/2010)

Last day you will be selling: _____ (xx/xx/2010)

Easy Dates: I will be there every Wed &/or Saturday during dates listed above.

Or

Please Give Specific Dates You Will Be Attending:

- | | | | | |
|--------------|---|---|------------------------------------|------------------------------------|
| May: | <input type="checkbox"/> Wed 5/5 | <input type="checkbox"/> Sat 5/8 | <input type="checkbox"/> Wed 5/12 | <input type="checkbox"/> Sat 5/15 |
| | <input type="checkbox"/> Wed 5/19 | <input type="checkbox"/> Sat 5/22 | <input type="checkbox"/> Wed 5/26 | <input type="checkbox"/> Sat 5/29 |
| June: | <input type="checkbox"/> Wed 6/2 | <input type="checkbox"/> Sat 6/5 | <input type="checkbox"/> Wed 6/9 | <input type="checkbox"/> Sat 6/12 |
| | <input type="checkbox"/> Wed 6/16 | <input type="checkbox"/> Sat 6/19 | <input type="checkbox"/> Wed 6/23 | <input type="checkbox"/> Sat 6/26 |
| | <input type="checkbox"/> Wed 6/30 | | | |
| July: | <input type="checkbox"/> Sat 7/3 | <input type="checkbox"/> Wed 7/7 | <input type="checkbox"/> Sat 7/10 | <input type="checkbox"/> Wed 7/14 |
| | <input type="checkbox"/> Sat 7/17 | <input type="checkbox"/> Wed 7/21 | <input type="checkbox"/> Sat 7/24 | <input type="checkbox"/> Wed 7/28 |
| | <input type="checkbox"/> Sat 7/31 | | | |
| Aug: | <input type="checkbox"/> Wed 8/4 | <input type="checkbox"/> Sat 8/7 | <input type="checkbox"/> Wed 8/11 | <input type="checkbox"/> Sat 8/14 |
| | <input type="checkbox"/> Wed 8/18 | <input type="checkbox"/> Sat 8/21 | <input type="checkbox"/> Wed 8/25 | <input type="checkbox"/> Sat 8/28 |
| Sept: | <input type="checkbox"/> Wed 9/1 | <input type="checkbox"/> Sat 9/4 | <input type="checkbox"/> Wed 9/8 | <input type="checkbox"/> Sat 9/11 |
| | <input type="checkbox"/> Wed 9/15 | <input type="checkbox"/> Sat 9/18 | <input type="checkbox"/> Wed 9/22 | <input type="checkbox"/> Sat 9/25 |
| | <input type="checkbox"/> Wed 9/29 | | | |
| Oct: | <input type="checkbox"/> Sat 10/2 | <input type="checkbox"/> Wed 10/6 | <input type="checkbox"/> Sat 10/9 | <input type="checkbox"/> Wed 10/13 |
| | <input type="checkbox"/> Sat 10/16 | <input type="checkbox"/> Wed 10/20 | <input type="checkbox"/> Sat 10/23 | <input type="checkbox"/> Wed 10/27 |
| | <input type="checkbox"/> Sat 10/30 | | | |

Please note days in Bold. They are holiday weekends!!!!

Please Return This Form To:

**Buy Fresh Buy Local – Siouxland, Inc.
505 Fifth Street, Suite 200
Sioux City, IA 51101**

If you have any questions, please call 712/252-2201 or call Dee @ 712/253-9503