



# Jefferson County Farmers Market Association

Port Townsend Farmers Market  
P.O. Box 1384, WA 98368  
360-379-9098  
[www.ptfarmersmarket.org](http://www.ptfarmersmarket.org)  
[info@ptfarmersmarket.org](mailto:info@ptfarmersmarket.org)

## MISCELLANEOUS VENDOR APPLICATION

**All sections of the application are required. We cannot process incomplete applications.**

Business name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web page: \_\_\_\_\_

Port Townsend City License # : \_\_\_\_\_

State UBI#: \_\_\_\_\_

The city requires all vendors to have a Port Townsend City Business License, regardless of where the vendor lives. PT Licenses are inexpensive (\$28/year) and applications are available online at [www.cityofpt.us](http://www.cityofpt.us)

**Calendar:** By completing the date calendar on the next page, you promote the smooth operation of market business. We understand that there may be variations, so please complete it fully and inform market staff of changes that may occur as the season progresses.

Provide a brief description of your product(s) or services. Please note that if you are selling processed herbal products such as lotions, salves, soaps, etc, the ingredients of such products must be clearly displayed to the Manager and customers. In some cases, individual products may be deemed inappropriate for our market and the vendor may be asked to remove them from sale.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Market Guidelines:** Please sign below to indicate you have read the 2008 Guidelines and agree to them.

Signature: \_\_\_\_\_

**Please send your \$30 Market Membership fee, payable to JCFMA, along with this application to: JCFMA P.O. Box 1384 Port Townsend, WA 98368. Include photocopies of your state and city of Port Townsend business licenses and copies of other pertinent documents, such as Organic Certification, as applicable.**

Office Use Only  
Notes:

App\_\_\_\_Fee\_\_\_\_Cal.\_\_\_\_  
State\_\_\_\_PT\_\_\_\_  
Date Rc'd \_\_\_\_\_

# 2008 MISCELLANEOUS VENDOR APPLICATION (cont'd)

Name \_\_\_\_\_  
 Business Name \_\_\_\_\_

Filling out the calendar information below will help us to plan our weekly Market space assignments. Please indicate whether you are interested in participating every Saturday (and/or every Wednesday) for the Full Season, or circle the dates below that you anticipate being available to sell. Please also indicate your preferred booth size.

Booth size preference: Full size (10x10) \_\_\_\_\_  
 Smaller or Shared booth (1/2 fee) (request to share with \_\_\_\_\_)

## Saturday Market

\_\_\_\_\_ I plan to participate every Saturday for the Full Season,  
 from opening day May 3 to November 15, 2008

May	3	10	(No Market 5/17)	24	31
June	7	14	21	28	
July	5	12	19	26	
Aug	2	9	16	23	30
Sep	6	13	20	27	
Oct	4	11	18	25	
Nov	1	8	15		

Office Use Only  
 Notes:

App.\_\_\_\_Fee\_\_\_\_Cal.\_\_\_\_  
 State\_\_\_\_PT\_\_\_\_  
 Date Rc'd \_\_\_\_\_