



Jefferson County Farmers Market Association

Port Townsend Farmers Market
P.O. Box 1384, WA 98368
360-379-9098
www.ptfarmersmarket.org
info@ptfarmersmarket.org

PROCESSOR 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

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); include information about ingredients and their sources.

Where do you grow or raise the ingredients for the products you plan to sell?

Where do you process your product? _____

If a food product, is this location approved by the health department? _____

What are your products' primary ingredients, and where do they come from? _____

For food products, have you read the WA Dept. of Agriculture's "Green Book" regulations pertaining to food sales at Farmers Markets? (Request a copy from WSDA Small Farms at (360) 902-2057 or smallfarms@arg.wa.gov)

Yes ___ No ___

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 PROCESSOR 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		

Wednesday Market (only for farmer / growers, processors and food vendors)

_____ I plan to participate every Wednesday for the Full Season, from June 11 to September 24, 2008.

June		11	18	25	
July	2	9	16	23	30
Aug	6	13	20	27	
Sep	3	10	17	24	

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Notes:

App.____Fee____Cal.____
 State____PT____
 Date Rc'd _____