

# A P P L I C A T I O N

## SONOMA VALLEY CERTIFIED FARMERS' MARKET

POST OFFICE BOX 1719 BOYES HOT SPRINGS CA 95416-1719 707 538-7023

PERSONS MAY APPLY AT ANYTIME AND AS OFTEN AS DESIRED.

I, \_\_\_\_\_ doing business as \_\_\_\_\_

\_\_\_\_\_ would like to apply to sell at the Sonoma Valley Certified Farmers' Market. I am interested in the following:

GROWER     PROCESSED FOODS     BAKERY GOODS     ARTISAN     NON-PROFIT

Listed below is the produce or product(s) I want to sell, with a brief description of how they might differ from those already in the Market, or how my offering would enhance the Certified Farmers' Market.

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Please answer the following questions:

Have you previously applied to this Market? \_\_\_\_\_

Are you in any other Farmers' Market(s)? \_\_\_\_\_ If yes, which Market(s):

|       |                 |
|-------|-----------------|
| _____ | How long? _____ |
| _____ | How long? _____ |
| _____ | How long? _____ |
| _____ | How long? _____ |
| _____ | How long? _____ |

If you are not a Certified Grower, are you willing to attend the entire year? \_\_\_\_\_

Would you like to be placed on a waiting list if you have been approved but a space in the Market is not currently available? \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_  
Company: \_\_\_\_\_ Work#: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell#: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Return this APPLICATION to:

Hilda Swartz, Market Manager  
at the address shown above.

\_\_\_\_\_  
Applicant's Signature

Dated: \_\_\_\_\_