

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.

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: _____