



REDWOOD CITY KIWANIS FARMERS MARKET

A Certified Farmers Market

Serving the Community since 1979



MARKET REGISTRATION FORM

FILL-IN, OR CORRECT THE INFORMATION BELOW:

Your Name and Business Name

Include Area Codes

Mailing Address, City, State, Zip:

Bus. Phone: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Website: _____

Weekly Stall Fees (collected every Saturday morning) are as follows:

\$40 for one space \$60 for two spaces \$70 for three spaces \$80 for four spaces

We make every effort to honor your request for the number of spaces, subject to availability of space. Annual Market Season Registration Fee is \$55 — please remit by March 15

I WILL BE AT THE REDWOOD CITY KIWANIS FARMERS MARKET THIS YEAR: YES NO

If you would like to remain on our mailing list, and you will not be attending the market this year, please return form.

CHECK WHICH TYPE OF VENDOR YOU ARE:

AGRICULTURAL PRODUCER

NON-AGRICULTURAL FOOD VENDOR

FOOD PREPARATION ON SITE VENDOR

NON-CONSUMABLE PRODUCT VENDOR

FIRST SATURDAY DATE I AGREE TO PARTICIPATE IN MARKET: _____

NUMBER OF SPACES REQUESTED: 1 2 3 4 Spaces are approximately 10 feet wide

**Please *SIGN YOUR INITIALS* next to one of the following
THREE OPTIONS of membership for the Market Season:**

A _____ I will come EVERY WEEK (100% participation) and will call at least 24 hours in advance of a Market to say I cannot attend. I further agree to pay my Market stall fee if I fail to call 24 hours in advance.

B _____ I will come EVERY OTHER WEEK (50% participation) and will call at least 24 hours in advance of a Market to say I cannot attend. I further agree to pay my Market stall fee if I fail to call 24 hours in advance. I will share a space with another vendor who comes on alternate Saturdays.

C _____ I will come to LESS THAN 50% OF THE MARKETS and will call at least 24 hours in advance of a Market to say I CAN ATTEND. I will check-in with Market staff each Saturday, as my space assignment MAY CHANGE each time I participate throughout the season. I will be considered a "Flex Vendor" and will identify myself as such when I check-in with a staff member each morning upon my arrival.

— REGISTRATION FORM CONTINUES ON THE OTHER SIDE —

Describe your produce/goods/merchandise for sale, such as apples, cherries, oranges, artichokes, potatoes, summer squash, sweet corn, onions, flowers, plants, nuts, honey —OR— French bread, cinnamon rolls, cheese, jam, olives, candles, soaps, crafts, etc.

Please note that ONLY these items may be sold at our Market. If you desire to sell any additional or new products during the Season, you must reapply.

Check applicable items below:

- REGISTRATION FEE OF \$55 IS ENCLOSED
- COPIES OF GENERAL LIABILITY/PRODUCT LIABILITY AND AUTOMOBILE INSURANCE — IN A MINIMUM AMOUNT OF \$250,000 EACH — ARE ENCLOSED
- AG VENDORS: I WILL BE SELLING FOR ANOTHER PRODUCER, UNDER A SECOND CERTIFICATE
- AG VENDORS: A COPY OF MY CERTIFIED PRODUCERS CERTIFICATE IS ENCLOSED (OR SECOND CERTIFICATE, IF APPLICABLE). IF YOU CANNOT SEND IT AT THIS TIME, PLEASE CONTACT US TO SAY THAT YOU WILL HAVE IT AT THE FIRST MARKET.
(NOTE: NO CERTIFICATE, NO SELLING AT THE MARKET!)
- SOME OR ALL OF OUR PRODUCE IS CERTIFIED ORGANIC. ENCLOSE A CURRENT COPY OF YOUR CERTIFICATE. **VENDORS WITHOUT A CURRENT CERTIFICATE CANNOT SELL AT THE MARKET AND MAY NOT USE THE WORD “ORGANIC” ON ANY SIGNAGE AT THE MARKET.**
- WIC CERTIFIED VENDOR — WIC # _____
- FOOD VENDORS/COUNTY OF SAN MATEO HEALTH DEPT. FOOD ID # _____ : ISSUED BY ENVIRONMENTAL HEALTH SERVICES DIVISION, 2000 ALAMEDA DE LAS PULGAS, SUITE 100, SAN MATEO, CA 94403 – (650) 372-6200 – www.smhealth.org/envIRON

You will receive confirmation of your application by an acceptance letter that will be mailed to you. DO NOT show up at the Market unless you have received this confirmation or you could be turned away.

I have received and read the current Market Rules and Regulations and, by signing below, I agree that my entity will abide by all laws, rules and regulations of the Market and government agencies.

Your Signature Your Printed Name Date

THE MARKET WILL OPEN AT 8AM AND END AT 12 NOON

Please make your check payable to **Redwood City Kiwanis Farmers Market** and mail your Market Registration Form and any other certificates to:
PO BOX 1187 • SAN CARLOS, CA 94070

rwckiwanis@gmail.com