

2017 Mukilteo Market Application

Mukilteo Farmers Market

P.O. Box 1021
 Mukilteo, WA 98275
 425-320-3586
 www.mukilteofarmersmarket.org

Home Phone _____
 Business _____
 Cell _____
 Email _____
 Web site _____

Business Name _____
 UBI # (required) _____

Name & Mailing Address _____

Farm Location _____

Please Check those that apply

- Farmer
- Certified Organic
- Cut Flowers
- Processor
- Honey
- Food Concessions
- Nursery
- Baked Goods
- Seafood
- Meat
- Dairy
- Related Farm Product
- Garden Art Product
- Crafter
- Other

Describe the crops or products you intend to sell:
 Attn: Crafters, send pictures of your craft
 (or link to pictures). _____

List any licenses/permits required by the state, county or city
 and submit copy with application.

What other markets do you sell at?

I would like to attend on the following dates:

- | | | | |
|------|--------------------------|------|--------------------------|
| 6/7 | <input type="checkbox"/> | 8/9 | <input type="checkbox"/> |
| 6/14 | <input type="checkbox"/> | 8/16 | <input type="checkbox"/> |
| 6/21 | <input type="checkbox"/> | 8/23 | <input type="checkbox"/> |
| 6/28 | <input type="checkbox"/> | 8/30 | <input type="checkbox"/> |
| 7/5 | <input type="checkbox"/> | 9/6 | <input type="checkbox"/> |
| 7/12 | <input type="checkbox"/> | 9/13 | <input type="checkbox"/> |
| 7/19 | <input type="checkbox"/> | 9/20 | <input type="checkbox"/> |
| 7/26 | <input type="checkbox"/> | 9/27 | <input type="checkbox"/> |
| 8/2 | <input type="checkbox"/> | | |

Have you sold at the Mukilteo Market? _____

If you sell food products or produce, include a copy of your
 liability insurance with **Mukilteo Farmers Market/City of
 Mukilteo** named as certificate holder. See the rules for
 more information.

Insurance Agent _____
 Policy Number _____

By signing this document I am certifying that I have read and understand the rules of the Mukilteo Farmers Market and agree to abide by them. I certify that I am in compliance with all licensing requirements for my business. I agree to an inspection to verify the authenticity of my business if necessary. I agree to hold harmless and release the Mukilteo Market, the City of Mukilteo and any agents thereof from any and all claims or to property and person(s), loss, damage or theft which may arise out of, or occur to person(s) display or inventory while participating in the Mukilteo Market. I understand the Mukilteo Market has the right to refuse service. I understand that vendors are required to collect and report sales tax to the Department of Revenue. I understand and agree that if I use a canopy and or umbrella it will be sufficiently and safely anchored at each ground contact point during all market operations, from the time said canopy is put up to the time it is taken down. I understand that if I forget my weights I will not use my canopy or umbrella. Should I choose not to sell, there will be no refunds.

I have read and agreed to the Mukilteo Farmers Market Rules.

PRINT NAME _____

DATE _____

For Market Use Only

SHD Permit	Exp. Date _____	Nursery Fee	_____	Exp. Date	_____
Certified Kitchen	Exp. Date _____	UBI #	_____	Exp. Date	_____
Organic Certification	Exp. Date _____	Insurance Co	_____	Policy #	_____
WSDA Processor	Exp. Date _____	Food Handlers Card	_____		