

**2010 Flagstaff Community Farmers Market
Vendor Application**

Please return by May 1

Applicant Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Cell (____) _____ Home (____) _____

Email Address _____

Names of Employees or Family Members Who May Sell

Circle Weeks Expect to Attend or **ALL**

Downtown

Eastside

WESTSIDE SUNDAY MKT

SUNNYSIDE WEDNESDAY MKT

8AM-Noon

4PM-7PM

May	June	July	Aug	Sep	Oct
	6	4	1	5	3
	13	11	8	12	10
	20	18	15	19	
	27	25	22	26	
30			29		

July	Aug	Sept
	4	1
7	11	8
14	18	15
21	25	22
28		

HEALTH DEPARTMENT Permit # Please attach copy of permit. Anyone selling any prepared food must have a health department permit and display it at their booth.

BUSINESS LICENSE #/SALES TAX # All value added vendors must have a Flagstaff business license and Arizona sales tax # & display it at their booth. For info call City of Flagstaff (928)779-7685 & ask for licensing.

All applicants must submit signed **Indemnity Agreement** & provide copy of **Insurance Certificate** if business is insured.

Registration & Market Fees (Due May 1 or subject to \$25 late fee)

Grower/Primary Producer

Total _____

- \$35 ONE booth space & seasonal registration
- \$35 each additional booth space
- \$25 seasonal reserved space (based on availability)

Value Added

Total _____

- \$35 ONE booth space & seasonal registration
- \$35 each additional booth space
- \$50 seasonal reserved fee (based on availability)

Artisan

Total _____

- \$15 per day registration fee
- Artisans must be approved and scheduled by market manager and may not reserve space.

All vendors pay 10% of gross daily sales to FCM at end of each market day.

Products you plan to sell (brief description)

Please circle years vended at Flagstaff Community Market

2001 2002 2003 2004 2005 2006 2007 2008 2009

County of Residence _____

County of Production _____

% of Products Grown/Produced in Arizona _____

Please note that the Downtown market is closed for new value added and prepared food vendors until further notice as priority is given to growers and returning vendors.

All fees must accompany application and are refundable only if application is denied by the Flagstaff Community Market.

I have read the Flagstaff Community Market Rules and Regulations and agree to adhere to said Rules and Regulations. I acknowledge that I am growing or producing the products being sold at the Flagstaff Community Market. I will allow an on-site visit of my growing location or production site by a representative of the Flagstaff Community Market. The Flagstaff Community Market has the right to audit product and receipts and has the right to revoke permission to sell at any point.

Signature _____

Date _____

Please return application to:
Flagstaff Community Markets
1414 N Rim Drive
Flagstaff, AZ 86001
Make checks payable to Flagstaff Community Markets

Thank you!
Art and Heather Babbott
info@flagstaffmarket.com
(928) 774-7781