



# Puyallup Holiday Market Vendor Application

December 1, 2018

Market hours: 12 PM-7PM Vendor set up- 11 AM Out of Pavilion by 8 PM

Patty Villa, Market Manager (253) 840-2631 [farmersmarket@puyallupmainstreet.com](mailto:farmersmarket@puyallupmainstreet.com)

**Application Deadline: October 31, 2018**

10' x 10' Space: **\$100 Art/Craft/Processor** **\$125 Prepared Food** **\$75 Farm** **No Commission.**

Only applications that are completed, signed, and returned with full payment will be considered.

Name of Business \_\_\_\_\_ UBI# \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe products to be offered:

---

---

---

---

Access to power is limited. Do you require power? YES NO

If you have additional needs, please make note of them here.

---

---

**All vendors of consumable food products or vendors sampling food products must register with Tacoma Pierce County Health Department and have an approved permit posted in the booth during the market. Web: [tpchd.org](http://tpchd.org) TPCHD phone: (253) 798-4707.**

**Please read and initial/sign below:**

*I attest that I have grown, built, or crafted all items that I intend to sell at the Holiday Market. I understand that I may not sell any commercial items at this market.* \_\_\_\_\_ (initial)

*I understand that Pioneer Park is a non-smoking environment and that smoking is prohibited in the Pavilion or any area of the park.* \_\_\_\_\_ (initial)

*I shall indemnify, keep, and save harmless Puyallup Main Street Association, Puyallup Farmers' Market, and the City of Puyallup from and against any and all claims and demands, whether for injuries to persons, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor and shall defend at my own expense any action brought against Puyallup Main Street Farmers' Market, The Puyallup Main Street Association, or the City of Puyallup by my acts or omissions:*

Vendor signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Send application along with check payable to:**

**Puyallup Main Street Association  
PO Box 476, Puyallup, WA 98371  
Attn: Holiday Market**