

OFFICE USE ONLY	
Interview Date:	_____
Last Review:	_____
Approved:	Y N
Approved by:	_____
UBI # Verified	Y N



**2016 Puyallup Main Street Farmers' Market Application
Holiday Market - December 3, 2016**

Show hours are 12 pm- 7 pm

Contact Name(s) _____

Company Name _____

UBI# (required) _____

Address _____ City _____, WA Zip _____

Day Phone (____) _____ Cell (____) _____ Evening (____) _____

Email address _____ Fax (____) _____

Describe products to be sold at the Market:

Booth space is \$75 per 10 x 10' booth.

FULL BOOTH PAYMENT REQUIRED AT TIME OF APPLICATION.

Application **deadline is October 31, 2016.** Any application turned in without payment will not be reviewed for acceptance. **All accepted vendors will be notified by November 4, 2016.** Any vendor that has not been accepted will at that time receive a refund for their booth payment.

Commission will be collected at the end of market very similar to how it is during our summer market. Please report your sales and turn in your slips at the end of the day before tearing down. We will pass out a commission payment form during the day with an envelope to make payment in. Commission rates vary based on your product type, just as it does during market. Farmer/Nursery – 5% / Specialty Food / Processor – 6% / Crafter – 8% / Prepared Food 10%

We will have access to the pavilion starting at 9:00 am for setup. Please have your space ready to sell when we open.

All vendors of consumable food products or vendors sampling edible food products MUST register with Tacoma-Pierce County Health Department and have an approved permit posted in the booth / space during the market. Their web address is: <http://www.tpchd.org/page.php?id=528> and the phone number is: (253) 798-4707.



Holiday Market

_____ I attest that I personally have crafted or built all items that I intend to sell at the Puyallup Farmers' Market.
(Please initial)

_____ I realize and understand that I may not sell or display any commercial items at the Puyallup Farmers' Market.
(Please initial)

Explain any special circumstances regarding your placement:

_____ I understand that Pioneer Park is a 'No Smoking park'. Smoking will not be permitted in the Pavilion or any area of the Puyallup Main Street Farmers' Market. (Please initial)

I have read and understand the 2016 Puyallup Main Street Farmers' Market Rules and are bound by the terms and conditions outlined in the Rules packet. I shall indemnify, keep, and save harmless Puyallup Main Street Farmers' Market, the Puyallup Main Street Association, 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: _____

Brittany Brown- Market Manager - farmersmarket@puyallupmainstreet.com or 253-840-2631

**Puyallup Main Street Association
PO Box 476, Puyallup, WA 98371**

www.puyallupmainstreet.com