

# San Joaquin Certified Farmers Market

6912 E. Main Street Stockton, CA 95215

Phone: 209-405-2074 Fax: 209-463-9901

[www.sjcfarmersmarket.com](http://www.sjcfarmersmarket.com)

## 2017 ARTISON APPLICATION TO SELL

Business Name: \_\_\_\_\_ Sellers Permit #: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE INDICATE WHICH MARKETS YOU WOULD LIKE TO ATTEND.

- THURSDAYS 8:00 AM TO 1:00 PM AT WEBERSTOWN MALL (April 6<sup>th</sup> to Nov. 16<sup>th</sup>)  
 FRIDAYS 8:00 AM TO 2:00 PM DOWNTOWN STOCKTON Location TBD (May 7<sup>th</sup> to Oct. 27<sup>th</sup>)  
 SATURDAYS 8:00 AM TO 1:00 PM DOWNTOWN TRACY 10<sup>th</sup> St btwn B & Central (April 1<sup>st</sup> to Nov 18<sup>th</sup>)  
 SUNDAYS 8:00 AM TO 1:00 PM AT WEBERSTOWN MALL (Year-Round)

PLEASE CIRCLE ONE. RESERVE ME: 1 1 1/2 2 3 SPACES

Please briefly describe items offered for sale

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**BOOTH SHARING:** Will not be allowed unless prior approval from the Management is received.

**TAXABLE PRODUCTS:** Are you currently selling a taxable item (non-food)? \_\_\_\_\_

If yes, please enclose a copy of your sellers permit.

**AGREEMENT TO ABIDE BY SJCFM RULES:** I request permission to sell at the Certified Farmers' Markets operated by SJCFM. I make these products myself. I do not buy these products and resell them. I have received and read a copy of SJCFM's published Rules & Regulations. I agree to abide by these rules, cooperate with the market management and pay all the required fees. I agree to make my workshop available to SJCFM for a tour or inspection at a mutually agreeable date and time. I agree not to attend any Certified Farmers Market as a vendor with inn one mile radius from Weberstown Mall Farmers Market.

Signature of the Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SJCFM use only	
Paid: \$ _____	
Date: _____	Check # _____