

San Joaquin Certified Farmers Market

6912 E. Main Street Stockton, CA 95215

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

www.sjcfarmersmarket.com

2017 FARMERS APPLICATION TO SELL

Farm Name: _____ Cert. #: _____

Certificate Holder: _____ 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 6th to Nov. 16th)
 FRIDAYS 8:00 AM TO 2:00 PM DOWNTOWN STOCKTON Location TBD (May 5th to Oct. 27th)
 SATURDAYS 8:00 AM TO 1:00 PM DOWNTOWN TRACY 10th St btwn B & Central (April 1st to Nov 18th)
 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

ORGANIC PRODUCERS: Will you be selling organic products? Yes No

If yes, please enclose Certification.

SECOND CERTIFICATE: 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.

PROCESSED AGRICULTURE: Are you currently producing and planning to sell any processed agricultural product which requires a health permit? _____

If yes, please attach a list of the types of products you produce and enclose a copy of the health permit for the point of production.

NON-CERTIFIABLE AGRICULTURE: Are you planning to produce and sell any non-certifiable agricultural products at SJCFM's farmers' markets? _____

If yes, please attach a list of the products you produce and enclose a copy of any required permits.

AGREEMENT TO ABIDE BY SJCFM RULES: I request permission to sell at the Certified Farmers' Markets operated by SJCFM. I grow 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 farm or ranch 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 within one mile radius from Weberstown Mall Farmers Market.

Signature of the Certificate Holder: _____ Date: _____

SJCFM use only

Paid: \$ _____

Date: _____ Check # _____