



# Application to Sell

(Approved 10/19/21)

## DAVIS FARMERS MARKET ALLIANCE

Mail: P.O. Box 1813, Davis, CA 95617

www.davisfarmersmarket.org

Producer's Name			
Business Name		Email:	
Mailing Address			
City & State		Zip:	
Phone: Office		Phone: Home	
Phone: Cell		Phone: Fax	
Location of Farm or Business: (County road intersections-For more space use back):			
County of Production:			
Names of employees who may sell for the producer:			
Names of family members who may sell: (List relationship to the producer)			
Have you ever sold at the Davis Farmers Market? Circle one	Yes	No	
Applying to sell on (mark one):	<input type="checkbox"/> Saturday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> UCD-Wed <input type="checkbox"/> SutterDavisHosp-Thu <input type="checkbox"/> SutterSacMed-Thu
Other markets at which you sell:			
Certified Producer's Certificate number: (enclose current copy)			
Health Department Number: (enclose current copy)			
Other licenses, permits, etc.: (enclose current copy)			
List items you plan to sell and when (use back of page if needed):			
<u>Item</u>	<u>Months</u>	<u>Item</u>	<u>Months</u>

***I request permission to sell at the markets operated by the Davis Farmers Market Alliance. I have read the attached "Market Rules" (approved 6/7/21). I agree to abide by the Market Rules, as they exist now and as they may be amended from time to time. I further agree to abide by all other laws, codes and regulations applicable now and as amended, to cooperate with the Market management, and to pay all required fees.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

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DFMA Approved by: \_\_\_\_\_ Date \_\_\_\_\_