



Application for Food Vendors

Name of Contact: _____ Telephone: _____
Email Address: _____ Cell Phone: _____
Business Name: _____ Telephone: _____
Mailing Address: _____

Website: _____

Section 1: Food Vendors:

Do you have a current TFF Food Permit? _____
County Health Department Permit Number: _____ Expires : _____
Describe the food products want to sell at the farmers' market: _____

Will you sell prepackaged food items? _____

Will you cook or prepare food items on site? _____

If yes, do you have the equipment required by the County for onsite food preparations?

Describe how the foods you will offer are healthy. _____

In what other farmers' markets are you currently participating? _____

For what markets are you applying?

- Arrowhead Regional Medical Center on Wednesdays 8:30 – 1:30
- Kaiser Permanente Panorama City on Wednesdays 9:00 – 1:30
- Kaiser Permanente Ontario on Wednesdays 8:30 – 1:30
- Kaiser Permanente Irvine on Wednesdays 9:00 – 2:00
- Livingwell Fair @ Adventist Health White Memorial Hospital on Thursdays 10:00 – 2:30
- Kaiser Permanente Fontana on Fridays 8:00 – 2:00
- Kaiser Permanente Riverside on Fridays 9:00 – 2:00
- Kaiser Permanente Baldwin Park on Fridays 8:30 – 1:30
- Kaiser Permanente Anaheim on Fridays 9:00 – 2:00
- Marina del Rey on Saturdays 9:00 - 2:00
- Downtown Los Angeles on Sundays 9:00 – 3:00

Vendors are expected to be present in the market every week. Absences from the market are limited to no more than 5 per twelve-month period. Vendors are required to give management at least 72 hours' notice of an absence or the vendor shall be responsible for the stall fees due that market week.

I request permission to sell non-agricultural products in the non-certified section adjacent to a Southland Farmers' Market Association's Certified Farmers' Market. I will adhere to the requirements of the market's rules and regulations. I agree to the market's stall fee payment policies and requirements. I understand that I will be expected to be in the market each week. I agree to post signs for each product for sale each market day. I have signed the attached Participation Agreement. I understand that I will be required to cooperate with market management, to pay the required stall fees on or before each market day, and to provide a copy of my permits to the market management.

Signature of Vendor

Date

Email your application to info@sfma.net, fax it to 866-213-6789 or mail it to SFMA, PO Box 91059, Santa Barbara, CA 93190. For more information, call 805-845-6100.

Participation Agreement

I, the undersigned, in consideration for participating in a Southland Farmers' Market Association certified farmers' market, agree to the following terms and conditions:

I shall indemnify, defend and hold harmless the Southland Farmers' Market Association, its officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses, whatsoever, including reasonable attorneys' fees, regardless of the merit or outcome of any such claim or suit, arising from or in any manner connected to the willful misconduct or negligent acts, errors or omissions by me, my agents and employees, in connection with my participation in the Southland Farmers' Market Association's certified farmers' markets, and in the performance of services, work or activities under this Agreement.

I agree that I will maintain vehicle liability insurance, and where applicable, product liability insurance, in effect while I am participating in the certified farmers' market.

I agree and understand that the participation of my farm/business is on an annual basis and the renewal of my selling privileges is based upon the following factors: consistent reserved attendance, cooperation with the market manager, quality of products, submission of completed load lists, adherence to the market rules and regulations, and adherence to the State of California direct marketing regulations and where applicable the State of California Uniform Retail Food Laws.

I agree that any dispute that arises between myself and the Southland Farmers' Market Association shall be resolved by the due process policies as outlined in the Market Rules and Regulations.

I hereby declare that I have the authority to sign this acknowledgement/agreement as the participant or the participant's representative. By signing this acknowledgement/agreement, I acknowledge that a representative of Southland Farmers' Market Association may visit and conduct an onsite inspection of the location(s) where my product(s) is/are produced and/or stored to verify compliance with the Market Rules and Regulations and the State of California's regulations.

I acknowledge receipt of and agree to abide by the Southland Farmers' Market Association's Market Rules and Regulations.

Signature _____ Date _____