



**SOUTH PASADENA FARMERS' MARKET
VENDOR APPLICATION**

NAME OF COMPANY: _____

NAME OF OWNER: _____

ADDRESS: _____

ADDRESS OF COMMISSARY/STORAGE: _____

CONTACT PERSON: _____

PHONE: (_____) _____ FAX: (_____) _____

EMAIL ADDRESS: _____

LIST ALL THE MARKETS YOU PARTICIPATE IN: _____

Licensed in the City of South Pasadena (Only required after admitted to Market).
Lic. # _____ Exp. Date: _____

Member of the South Pas Chamber of Commerce Not a Chamber member

LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL ON PAGE TWO:

EXAMPLE:

ITEM	MONTHS IN MARKET	MARKET MANAGER APPROVAL
<u>Product name</u>	<u>List months</u>	<input type="checkbox"/>

List all products on reverse side. Products not specified by this agreement can be added at a later date with Manager's approval and signed by Manager and Vendor.

LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:

ITEM	MONTHS IN MARKET	MARKET MANAGER APPROVAL
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

I have received and read the South Pasadena Certified Farmers' Market Rules and agree to abide by them.

This agreement is executed this _____ day of _____, 201__.

VENDOR MARKET MANAGER

Return application to Market Manager or mail to:

South Pasadena Farmers' Market
 C/O South Pasadena Chamber of Commerce,
 P.O. Box 3446
 South Pasadena, CA 91031

Phone: 626-403-2820
www.southpasadenafarmersmarket.org
 Email: Carole@SouthPasadenaFarmersMarket.org