

**Bonsall Certified Farmers Market
and
Open Aire Faire
P.O. Box 1217
Bonsall, CA 92003
Attn: Market Manager
Website: www.bonsallschools.org Email: market@bonsallschools.org
760-231-5135 (fax)**

Retail Food Application
(please use additional sheets to fill out contact information for each person attending your booth)

Name(s): _____ SD County Health Permit# _____

Business Name (DBA): _____

Business Address: _____

City: _____ State: _____ Zipcode: _____

Mailing Address (if other than business address)

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Cell Phone/Alt # _____

Fax# _____ Email: _____

Emergency Contact:

Name _____ Phone# _____

Name _____ Phone# _____

Start Date: _____ (please check one) _____ weekly _____ bi-weekly _____ monthly thereafter

***Please note priority booth space will be given to vendors committing weekly**

Booth spaces are approximately 11' w x 12' L @8%. How many booth spaces will you need? _____

Will you be using additional equipment (I.e. generator)? If yes, please describe: _____

Describe your business and the products you would like to sell **(include interesting facts-be specific) All items sold or promoted must be listed:**

Would you like an enhanced listing on our website (image(s), enhanced description, product feature, etc.) Y/N
If yes, there is a one-time set-up fee of \$25.00

I have read and agree to comply with all of the market rules (please circle) accept/decline

Signature: _____ Date: _____

The following documents need to accompany your application:

- * **Copy of your current San Diego County Health Permit (Retail Food License)**
- * **\$500,000 Product Liability Insurance with Bonsall certified Farmers Market and Open Aire Fair as additional Insured**

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Additional employees contact form

Business Name (DBA): _____

Name: _____

Emergency Contact:

Name _____ Phone# _____

Name: _____

Emergency Contact:

Name _____ Phone# _____

Name: _____

Emergency Contact:

Name _____ Phone# _____

Name: _____

Emergency Contact:

Name _____ Phone# _____

For market management only:

Accepted by: _____ Date: _____

Application accepted/declined Date added to waiting list: _____ Date vendor admitted _____

Enhanced website placement Y/N Payment schedule: Set fee: _____ -or- Pct. _____

Date paid: _____ Amount: _____ cash/check # _____