

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

Certified Grower Application-Live Plants

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

Name(s): _____

Certified Producer's Certificate # _____

Farm/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# _____

Bonsall Certified Farmers Market and Open Aire Faire
(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 # _____

Temporary/Permanent (circle one)

Booth #: _____