

**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

(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# _____

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**

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

Describe your business and the products you would like to sell **(include interesting facts-be specific):**

Other Farmers Markets you are currently attending: _____

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:

- * **Certified Producer's Certificate with Certification for San Diego County**
- * **C.C.O.F. Certificate if you belong**
- * **Sketch of your farm**
- * **Signed Rules & Regulations**

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 #: _____