



# Canyonville Farmers' Market

## 2017 Membership Application

Type of Vendor:  Produce  Food  Garden  Meat  Craft  Other

Business Name: \_\_\_\_\_

Website Address: \_\_\_\_\_

In business since: \_\_\_\_\_

Social Media: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone &/or Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Name: \_\_\_\_\_

Phone/Email \_\_\_\_\_

|                             |       |
|-----------------------------|-------|
| <u>Products (List All):</u> |       |
| _____                       | _____ |
| _____                       | _____ |
| _____                       | _____ |
| _____                       | _____ |
| _____                       | _____ |
| _____                       | _____ |

Additional Products: \_\_\_\_\_  
 \_\_\_\_\_

### Insurance/ Licenses /Certification:

Members are responsible for complying with Local, State & Federal requirements governing the sale & production of their products, and for acquiring the necessary permits and licenses. Members are required to provide UVFM with copies of all relevant licenses, certifications & permits. Copies to be submitted with application.

Liability Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

|                          |                               |       |                  |       |
|--------------------------|-------------------------------|-------|------------------|-------|
| <input type="checkbox"/> | ODA Nursery License#:         | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | Food Processors License #:    | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | ODA Certified Kitchen#:       | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | ODA Scales Certification#:    | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | Retail Food Establishment#:   | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | Collection Permits/Approval # | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | Oregon Tilth Certification#:  | _____ | Expiration Date: | _____ |
| <input type="checkbox"/> | Other #:                      | _____ | Expiration Date: | _____ |

### Licensing Information:

- \* Nursery License – Required if annual plant sales are over \$250.00. ODA Plant Division: 503-986-4720
- \* Organics – Oregon Tilth: [www.tilth.org/certification](http://www.tilth.org/certification) 503-378-0690
- \* Scales – ODA measurement standards 503-986-4670
- \* Processed Food – Certificate of Liability Insurance, ODA Food Safety 503-986-4720
- \* Prepared Food – Restaurant License, Food Handlers permit, Certificate of Liability Insurance

### Product Labeling:

Please indicate your production method below. Members are required to accurately label their products for sale at the Umpqua Valley Farmers' Market. Lack of labeling indicates the product was conventionally grown.

-- *Certified Organic Growers must include a copy of their certification and post a copy in their booth.*

-- *Wildcrafted members must include copies of public lands collection permits or private approval with this application.*

Certified Organic       No Synthetics Applied       Conventionally Grown       Wildcrafted/Foraged/Fungus

**Please Circle Yes or No:**

**Yes / No**    Would you like website/social media link listed on our Website? (note: Only one link allowed)

**Yes / No**    Do you give permission for the Farmers' Market to use images of you and/or your products on our Website and Facebook for both 'news' and spotlighting your business/products?

**MARKET WAIVER & MEMBERSHIP AGREEMENT**

The undersigned member agrees to exercise the utmost care in the use of the Facilities of Seven Feathers Casino Resort and the CVFM Market Place. The member also agrees to indemnify and hold harmless Seven Feathers Casino Resort and the Canyonville Farmers' Market, the Board of Directors, employees and agents from any and all claims, actions, judgments, losses, costs (including reasonable attorney fees) and damages whatsoever, including claims arising by reason of accident, injury, or death caused to persons or property of any kind, arising out of, in connection with, or incident to, the Canyonville Farmers' Market, except caused by the sole negligence of the Canyonville Farmers' Market.

***Market Membership Fee is Non-Refundable***

***I/We have read and agree to abide by the Canyonville Farmers' Market rules and guidelines and understand that any violations may result in the revocation of Membership and expulsion from the Canyonville Farmers' Market.***

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**OFFICIAL USE ONLY**

|                       |                    |                        |
|-----------------------|--------------------|------------------------|
| Date Fee Paid: _____  | Amount Paid: _____ | Check# / Cash: _____   |
| Jury Completed: _____ | Data Entry: _____  | Added to Website _____ |
| Notes:                |                    |                        |
|                       |                    |                        |