

Methow Valley Farmer's Market Vendor Application

Please read the Policy Handbook in its entirety before filling out and submitting your application. Please be as detailed as possible, this will help expedite the application process.

Please check all boxes that apply:

Farmer Crafter Food Processor Service Provider Other

Date of Application: _____

Vendor Name(s) Include Business Name if applicable:

Mailing Address: _____

Physical Address (if different) : _____

Phone Number: _____

Email Address: _____

May we email next year's application and policy handbook to you? Yes No

Please describe IN DETAIL the product(s) you intend to sell at MVFM. (Please reference Section 2.1 and all related subsections of the Policy Handbook for product guidelines.)

Please provide address(es) of location(s) where product(s) are produce, grown, or processed, and type of Facility ie: Commercial Kitchen etc) if different from the physical address provided above.

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*** If for any reason you wish to request an exception to the guidelines set forth in the Policy Handbook, you may attach a separate sheet describing IN DETAIL the reason(s) you think the exception should be granted. Please note that exceptions are granted for the current market year only, and all exceptions must be reviewed annually to determine if they continue to serve the intent and integrity of the MVFM. ***

The MVFM will open for the 2024 season on Saturday, April 13, and will continue through Saturday, October 26 for a total of 29 markets. Hours of operation are 9:00am until 12:00noon each Saturday.

Please indicate to the best of your knowledge when you expect to attend the market during the 2024 season.

Beginning Date: _____ Through: _____

I plan to attend a total of _____ markets during the 2024 season.

By signing below, I verify that I have read the enclosed Policy Handbook and agree to abide by the policies and procedures set forth by the Methow Valley Farmer's Market. I understand that failure to comply with these policies and procedures may result in my expulsion from the market.

Additionally, by signing below, I agree to hold harmless the Methow Valley Farmer's Market based in Twisp, Washington, for personal injury or liability resulting from my participation in the 2024 market season (April 13 through October 26, 2024).

Signature: _____ Date: _____

Printed Name: _____

Please return this completed application along with the **application processing fee of \$35.00** to:

Methow Valley Farmer's Market
PO Box 1085
Twisp, WA 98856

Vendors requesting and qualifying for an assigned stall for the 2024 season must have their applications postmarked no later than April 1, 2024 in order to be assured an assignment.