ENCINO FARMERS MARKET
FARMER APPLICATION FORM

DATE

Vendor Name (Farm): ________________________________________________________________

Name of Resale Certificate Holder: _______________________________________________________

Certificate Holder Mailing Address: _______________________________________________________

Producer Certificate Number (CPC #): _______________________________________________________

City: ____________________________ State: ___________ Zip Code: __________

Work Phone: __________________________ Home Phone: __________________________

Fax: ___________________________ Cell Phone: __________________________

Email: ___________________________ Website: __________________________

Primary Contact: ___________________________ Phone Number: __________________________

Alternate Contact: ___________________________ Phone Number: __________________________

What other farmer’s market(s) do you participate in?

What is the product you wish to sell? _______________________________________________________

Where is your product made? ___________________________________________________________

How long have you been selling this product? _______________________________________________

Additional information/Comments:

Form must be complete and signed: Completing an application does not constitute or guarantee of space.

_________________________________________  ____________________________________________
Signature of Vendor  Name (please print)

This form must be accompanied by a copy of all appropriate certificates, permits, licenses and other required paperwork.

If you have any questions please call Carole Gallegos, Market Manager at (818) 708-6611
Mail or fax this application with a copy of your Certified Producer Certificate(s) and Organic Certification (if applicable):

Encino Farmers Market
17400 Victory Blvd., Van Nuys, CA 91406
Fax (818) 708-6620

Open every Sunday from 8:00am to 1:00pm, Rain or Shine