

**ENCINO FARMERS MARKET  
FARMER OR FOOD VENDOR 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: \_\_\_\_\_

Facebook: @ \_\_\_\_\_ Instagram: @ \_\_\_\_\_

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

What is the product you wish to sell? \_\_\_\_\_

Where is your product made? \_\_\_\_\_

Provide the address of your commercial kitchen or commissary: \_\_\_\_\_

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 **Marcelle Angelo, Market Manager** at (818) 708-6611  
Email this application with a copy of your Certified Producer Certificate(s) and Organic Certification (if applicable) and picture of your product if possible:

**Encino Farmers Market  
17400 Victory Blvd., Van Nuys, CA 91406  
Email to [farmersmarket@onegeneration.org](mailto:farmersmarket@onegeneration.org)**

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