

**ESCONDIDO CERTIFIED FARMERS' MARKET & OTHER PURVEYORS –APPLICATION**

Date of Application: \_\_\_\_\_ Date(s) requested for Market \_\_\_\_\_

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

Owner's Name \_\_\_\_\_  
email address \_\_\_\_\_

Contact Person/Person selling: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Attach verification of employment by Business, or dated letter naming Employee authorized to sell.)*

Certified Producer Certificate Number(s): \_\_\_\_\_

(Include copy of Certificate)

\*\*\*If selling for another Certified Grower, please list Growers' name, Cert. number, expiration date, and include copy.

2<sup>nd</sup> Cert. #1: Grower: \_\_\_\_\_ Cert.# \_\_\_\_\_ exp: \_\_\_\_\_

2<sup>nd</sup> Cert. #2: Grower: \_\_\_\_\_ Cert.# \_\_\_\_\_ exp: \_\_\_\_\_

*Certified Producers Certificate must show names selling for or selling by. You may sell for a MAXIMUM of 2 other certified producers per 12 month period. Written permission of those producers is required.*

Health Permit Number (attach copy, if applicable): \_\_\_\_\_

California Resale Number (attach copy, if applicable): \_\_\_\_\_

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

ZIP: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Products to be sold: (Please be specific or attach Producers' Certificate) \_\_\_\_\_

Other Farmers' Markets where you participate: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Date(s): \_\_\_\_\_

Market managers' names & phone numbers: \_\_\_\_\_

Will you need electricity? Yes \_\_\_\_\_ No \_\_\_\_\_ (Extension cords not provided.)

The undersigned, on behalf of the business or organization which he/she represents, acknowledges receipt of the Escondido Certified Farmers' Market & Other Purveyors (ECFM&OP) Rules and Regulations, and agrees that the business or organization will comply with them. Noncompliance will result in immediate revocation of permission to participate in the ECFM&OP and use of city streets.

The undersigned further represents that he/she is authorized to execute this application and indemnify on behalf of the business or organization listed.

It is expressly understood that the business or organization is an independent contractor and that its employees shall not be employees of, or have any contractual relationship with, the Escondido Arts Partnership or the City of Escondido.

The business or organization shall save and hold harmless the Escondido Arts Partnership and City of Escondido, from any and all claims or causes of action for death or injury to persons or damage to property resulting from intentional or negligent acts, errors, or omissions of its employees during their participation in the ECFM&OP.

The business organization only shall be responsible for the payment of all legally required taxes, Workers' Compensation insurance, and unemployment insurance.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Approved: \_\_\_\_\_ Signed: \_\_\_\_\_