

**FOOD VENDOR
APPLICATION AGREEMENT-2023
Sanger Street Fair & Farmers Market**

Business Name: _____

Contact Person (s) _____ **Email** _____

Complete Address: _____

City: _____ **Zip** _____

Primary Phone(s): _____

Previous Farmers Market Participant: No Yes **Year(s)** _____

DESCRIBE ATTRACTION: *What do you plan to sell, including prices. Please be very specific. What makes your product unique?*

TO BE CONSIDERED FOR PARTICIPATION, ALL VENDORS ARE REQUIRED TO SUBMIT THE FOLLOWING BY: DUE BY AUG 25, 2023

- Signed Vendor Application Agreement Copy of Seller's Permit, and Business License or Exemption Certificate (upon approval)
- Copy of Food Safety Managers Certificate or Food Handlers Cards
- Completed Health Department Application (enclosed)
- Security Deposit Check: \$50 (Check # _____)
- Booth Fee: \$200 NON MEMBERS \$150 CHAMBER MEMBER
- Separate Check: \$47 Health Department Fee (Check # _____)

CIRCLE ALL DATES YOU WILL BE PARTICIPATING

SEPT: 2 9 16 23 30

MasterCard and VISA are accepted. If you are charging your fee please complete the area below.

NAME on Credit Card: _____

BILLING ADDRESS of Credit Card: _____

Credit Card Number: _____ - _____ - _____

Exp. Date _____ **3 Digit Code on back** _____ **X** _____

Signature if Credit Card Holder

I agree to release the Sanger District Chamber of Commerce, City of Sanger, CA and the Farmer's Market from any liability arising from my participation in this event, including any damage to me, or anyone operating my space, and any damage to or theft of my merchandise. We reserve the right to refuse service to anyone. All committee/staff decisions are final.

MAIL THIS FORM TO: 1789 Jensen Ave., Suite B, Sanger, CA 93657

Signed: _____ **Date:** _____

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Application CHECKLIST: **FOR CHAMBER USE ONLY**

- App. Paid Check#_____ Cash\$_____ CC date
- \$50 Security Deposit Check #_____ Copy: CA Seller's Permit
- Copy: Food Safety Cert/Food handlers Health Dept App
- Health Dept fee \$47 Check#_____

TOTAL DAYS:
TOTAL DUE: