# Diamond Springs Farmers Market

**Operated by**
**The Creative Word, Non Profit**
**Maria G. Taylor**
**484 Main Street, P.O. Box 936 Diamond Springs, CA 95619**
**530-409-9989**

## APPLICATION TO SELL AT THE DIAMOND SPRINGS FARMERS MARKET

**Producer's Name:**_____

**Business Name:**_____

**Mailing Address:**_____

**Business Phone:**_____ **Cell Phone:**_____ **Home:**_____

**Fax:**_____ **E-Mail:**_____

**Location of Farm or Business:**_____

**County of Production:**_____**Have you ever sold at the Flea Market or Farmers Market?**____

**Names of Employees who may sell for the Producer:**_____

_____

**Names of Family Members who may sell (LIST RELATIONSHIP):**_____

_____

**Other Markets at which you sell:**_____

**Certified Producer's Certificate Number: (ENCLOSE COPY)**_____

**Health Department Number: (ENCLOSE COPY)**_____

**List other permits and license: (ENCLOSE COPY)**_____

**LIST ITEMS YOU PLAN TO SELL - Use back of page if necessary:**

**I request permission to sell at the Diamond Springs Farmers Market. I have read the rules of the Market. I agree to abide by these rules and all other laws, codes and regulations as amended, to cooperate with the Market management and to pay the required fees.**

**Signature**_____**Date**_____

**Approved By:**_____**Date**_____