



The Olympia Farmers Market Food Processor Application

Please submit this completed application **with a non-refundable application fee of \$25** to the market office located at The Olympia Farmers Market, by mail or email. Please make checks payable to:

**The Olympia Farmers Market
PO Box 7094
Olympia, WA 98507
(360) 352-9096**

Section 1: Personal Information & Business Information

Primary Applicant Contact Information

Applicant Name: _____

Home Address: _____

Primary Phone: _____ Primary Email: _____

Business Partner Contact Information (Must be reflected on business license)

Business Partner Name: _____

Home Address: _____

Primary Phone: _____ Primary Email: _____

Business Information

Business Legal Name: _____

Business Address (if different from above): _____

Business Phone: _____ Business Email: _____

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Business Entity Type (Please Circle):

Sole Proprietor Partnership Corporation LLC Other:_____

UBI#: _____ Year Business Licensed: _____

<u>Section 2: Business & Product Description</u>

Describe all products you are proposing to sell at The Olympia Farmers Market. Attach another page if necessary.

<u>Product</u>	<u>Description</u>	<u>Price</u>

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Explain *your* involvement in the processing and production of your product:

Describe the production process:

Where do you currently sell your product?

Where do you source the materials for your product?

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Briefly tell us about your business projections for the next five years:

Section 3: Facilities & Licensing

Please describe your processing facility.

Licenses and Permits. Please check the boxes that are appropriate and *attach copies* of your licenses and permits.

WSDA Food Processor Facility License

WSDA Food Processor License

WSDA Cottage Food License

Thurston County Dept. of Health Permit

Washington State Food Worker Card

Other Applicable Licenses: _____

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Do you have cold storage requirements? If so, what are your plans for your cold storage requirements (41 degrees F or below) while vending at The Olympia Farmers Market?

Please contact Thurston County Public Health & Social Service Department and explain your situation to confirm that you will be able to fulfill all the requirements of Thurston County Public Health & Social Service Department prior to submission of this application.

Section 4: Preferred Market Schedule

Circle the days you intend to sell at the market: Thursday Friday Saturday Sunday

Circle your preferred selling season: Year-Round Seasonal

If “Seasonal” was circled, please explain and identify the season.

Section 5: Statements of Compliance

I understand a \$25.00 non-refundable processing fee must accompany this application to proceed with consideration. Further, I understand that submission of this application does not ensure or guarantee my acceptance into The Olympia Farmers Market.

I understand that final approval to sell any products at The Olympia Farmers Market will be subject to an **on-site inspection** by The Olympia Farmers Market staff, and/or designated representative. I understand that this application is a preliminary application process. I will provide further information regarding my business including, but not limited to certifications, licensures, permits, and insurance policies.

I hereby certify that all products indicated in the above application are produced by my business and I am not a reseller of any product in my product line. I agree to sell only the products that have been

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approved by The Olympia Farmers Market Board of Directors. I agree that if I seek to add additional products to my product line in the future, they must be pre-approved by the Board of Directors.

I understand that The Olympia Farmers Market is governed by a Policies and Bylaws Manual known as “The Greenbook”. Upon acceptance, I will familiarize myself and my employees with the policies in The Greenbook and our business will adhere to those policies.

I attest that the information contained herein is complete and accurate to the best of my knowledge.

Primary Applicant Signature:_____

Business Partner Signature:_____

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Professional images & food samples are highly encouraged.

For Official Use Only

Date Received:_____ **Date Reviewed:**_____ **Approval Status:**_____

Comments:_____
