2014 Sitka Farmers Market Vendor Application

Name: _______________________________ Signature: ________________________________________

Phone: ___________________________ E-Mail: ________________________________________________

Mailing Address: ________________________________________________________________

Per Market Costs:

• Inside: (table provided): [ ] 6 foot table = $20 [ ] 8 foot table = $30 [ ] Shared 8 foot table = $15
  Do you need: Electricity [ ] Kitchen Access [ ] Other: ____________________________________________

• Outside: (vendors must bring their own tent and table): $2 x length of tent $ __________

Two Checks Required:

• Cleaning Deposit: $50 will NOT be deposited if vendor area is PROPERLY cleaned and undamaged- please see vendor rules for details

• Payment Enclosed: $ __________ (make checks payable to SLFN – Sitka Local Foods Network)
  Vendors selling locally grown or harvested foods that commit to all six markets will receive one market free AND 50% off table fees

Items to be Sold or Displayed:

_____________________________________________________________________________________  

Dates of Participation: Saturdays 10:00 am to 1:00 pm (set up from 8:00-9:30 am – vendors that do not arrive by 9:30 WILL lose their space)

[ ] June 28th [ ] July 12th [ ] July 26th [ ] August 9th [ ] August 23rd [ ] September 6th

All vendors are responsible for any required permits related to food sales and for collection of any City Sales Tax if applicable (If you plan to sell at more than one market per year, you are required to register with the City to collect sales tax.). Each vendor sets his/her own prices and is responsible for all aspects of display, weights and measures, sales, cash handling, and packaging. Please see Rules and Responsibilities for vendor prioritization.

Please direct questions to Market Managers Ellexis Howey and Debe Brincefield: 738-8683 or e-mail: sitkafarmersmarket@gmail.com

Mail completed registration form with payment to:

Ellexis Howey/ Debe Brincefield, 408-D Marine Street, Sitka, AK 99835

Administration Use Only:
Check #: _________ Amount: _________ Date Received: ____________