

Application for Certified Producers

Business/Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Producer Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_

County that issued the Producer Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Attach a copy of your current certified producers’ certificate to this application.*

What products do you propose to sell at our markets?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What organic products do you want to sell at our markets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what markets are you applying:

\_\_\_\_\_ Arrowhead Regional Medical Center on Wednesdays 9:00 – 1:00

\_\_\_\_\_ Kaiser Permanente Panorama City on Wednesdays 9:00 – 1:30

\_\_\_\_\_ Kaiser Permanente Irvine on Wednesdays 9:00 – 2:00

\_\_\_\_\_ Kaiser Permanente Woodland Hills Thursdays 10:00 to 2:30

\_\_\_\_\_ Kaiser Permanente Anaheim on Fridays 9:00 – 2:00

\_\_\_\_\_ Kaiser Permanente Baldwin Park on Fridays 8:30 – 1:30

\_\_\_\_\_\_Marina del Rey on Saturdays 9:00 - 2:00

\_\_\_\_\_ Historic Downtown Los Angeles on Sundays 9:00 – 3:00

In what other certified farmers’ markets are you currently participating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For which stall size are you are applying? (check one): \_\_\_\_\_ 10’ x 10’, \_\_\_\_\_ 20’ x 10”

Will you be selling any processed foods? Yes\_\_\_ No \_\_\_: *If yes, attach a copy of health permits*.

I request permission to sell agricultural products I grow at the production sites listed on my current certified producer’s certificate at Southland Farmers’ Market Association’s certified farmers’ markets. I will not resell products or offer for sale any products that I have not produced in accordance with the Direct Marketing Regulations of the State of California. *I have read, I understand, and I will adhere to the requirements of the Southland Market’s Rules and Direct Marketing regulations.* I agree to the market’s stall fee payment policies and requirements.

I agree that I will maintain vehicle liability insurance, and where applicable, product liability insurance, in effect while I am a participating in the certified farmers' market.

I agree and understand that the participation of my farm/business is on an annual basis and the renewal of my selling privileges is based upon the following factors: consistent reserved attendance, cooperation with the market manager, quality of products, submission of completed load lists, adherence to the market rules and regulations, and adherence to the State of California direct marketing regulations and where applicable the State of California Uniform Retail Food Laws.

I agree that any dispute that arises between myself and the Southland Farmers’ Market Association shall be resolved by the due process policies as outlined in the Market Rules and Regulations.

I hereby declare that I have the authority to sign this acknowledgement/agreement as the participant or the participant's representative. By signing this acknowledgement/agreement, I acknowledge that a representatives of Southland Farmers’ Market Association may visit and conduct an onsite inspection of the location(s) where my product(s) is/are produced and/or stored to verify compliance with the Market Rules and Regulations and the State of California's regulations.

I affirm that I have been given and I have read and understand the Southland Market Rules that governing my participation in the market. In consideration of being provided selling space at a Southland Certified Farmers’ Market agree to the following:

1. I shall indemnify, defend and hold harmless the Southland Farmers’ Market Association, officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses, whatsoever, including reasonable attorneys' fees, regardless of the merit or outcome of any such claim or suit, arising from or in any manner connected to the willful misconduct or negligent acts, errors or omissions by me, my agents and employees, in connection with my participation in a Southland Certified Farmers’ Market, and in the performance of services, work or activities under this Agreement and the Southland Certified Farmers’ Market rules.

2. I agree to comply with the rules, regulations, procedures, terms, and conditions set forth in the Southland Market’s Market Rules.

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Signature of Certified Producer Date

*Email your application to* *info@sfma.net* *or mail it to SFMA, 319 W. Valerio Street #2, Santa Barbara, CA 93101. For more information, call 805-845-6100.*