

DUARTE FARMER'S MARKET **FOOD VENDOR APPLICATION**

NAME OF COMPANY:		
NAME OF OWNER:		
ADDRESS:		
ADDRESS OF COMMISSARY/S7		
CONTACT PERSON:		
PHONE: ()	FAX: ()
EMAIL ADDRESS:		
LIST ALL THE MARKETS YOU	PARTICIPATE IN:	
☐ Licensed in the City of Duart Lic. #		ed to Market). ate:
☐ Member of the Duarte Cham	ber of Commerce D Not a C	Chamber member
LIST PRODUCTS FOR APPROVA	AL YOU WOULD LIKE TO SI	ELL ON PAGE TWO:
EXAMPLE:		
ITEM	MONTHS IN MARKET	MARKET MANAGER APPROVAL
Product name	<u>List months</u>	

List all products on reverse side. Products not specified by this agreement can be added at a later date with Manager's approval and signed by Manager and Vendor. <u>Packaged food vendors are to have their B License and can email ehsfs@ph.lacounty.gov for more info.</u> All Vendors must bring their own tables and canopies to the farmer's market.

LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:

ITEM	MONTHS IN MARKET	MARKET MANAGER APPROVAL
		□
		□
		□
		□
		□
I have received and read the Duarte Co by them.	ertified Farmers' Mark	et Rules and agree to abide
This agreement is executed this	day of	
VENDOB	MADKETMANIACI	ED.
VENDOR	MARKET MANAG	ĽK
Return application to Market Ma	nager or mail to:	
Duarte Chamber of Commerce 1735 Huntington Drive		

P.O. Box 1438 Duarte, CA 91010

Phone: 626-357-3333 https://www.duartechamber.com/ Email: info@daurtechamber.com