



The Olympia Farmers Market Farmer 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. Farmers must produce their products within the county boundary of: **Thurston, Lewis, Mason, or Grays Harbor County**. 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): _____

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Business Phone: _____ Business Email: _____

Business Entity Type (Please Circle):

Sole Proprietor Partnership Corporation LLC Other: _____

UBI#: _____ Year Business Licensed: _____

Section 2: Business & Product Description

Explain ***your*** involvement in involvement in field work and on-farm production.

Where do you currently sell your product?

Where do you source the materials for your farm?

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What are your business projections for the next five years?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

- ☐ State of Washington Business License
- ☐ WSDA Food Processor License
- ☐ WSDA Cottage Food License
- ☐ Thurston County Dept. of Health Permit
- ☐ Washington State Food Worker Card
- ☐ WSDA Organic Certificate
- ☐ Other Applicable Licenses: _____

Farmer Application

Please submit only the following Farmer Sub-category forms that pertain to the products that you are requesting to sell at The Olympia Farmers Market.

Please check below, indicating which Farmer Sub-category forms are being submitting.

- | | |
|--|---|
| <input type="checkbox"/> A - Row Crop Farmer and Cut Flowers | <input type="checkbox"/> E - Egg Producer |
| <input type="checkbox"/> B - Nursery Farmer | <input type="checkbox"/> F - Dairy Farmer |
| <input type="checkbox"/> C - Livestock Farmer | <input type="checkbox"/> G - Apiarist |
| <input type="checkbox"/> D - Fish Farmer Application | |

Section 3: 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 4: 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 understand that use of the word “**organic**” shall be governed and regulated in accordance with the Washington State Department of Agriculture (WSDA). Should I use the word “**organic**” on signage or labeling I must provide appropriate Organic Certification to Market Staff.

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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Olympia, WA 98507
(360) 352-9096**

Please submit high quality photos of your product line with this application.

For Official Use Only

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

Comments: _____

Farmer Application

Row Crop Farmer and Cut Flowers

Total Acreage in Cultivation: _____ Total Years Farmed This Location: _____
Total Number of Greenhouses: _____ Total Square Footage of Greenhouses: _____
Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of ***all*** herbicide, fungicide, insecticide, or other synthetic inputs.

Please provide the following information about your crops. Attach additional sheets as necessary.

<u>Product/Crop</u>	<u>Variety</u>	<u>Marketing Season</u>	<u>Packaging Type & Size</u>	<u>Quantity</u>

Farmer Application

Nursery Farmer

Total Acreage in Cultivation: _____ Total Years Farmed This Location: _____
 Total Number of Greenhouses: _____ Total Square Footage of Greenhouses: _____
 Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of *all* herbicide, fungicide, insecticide, or other synthetic inputs.

Please include all nursery products you plan to sell. Include packaging type (potted, hanging basket), and varietal specifics. Attach additional sheets as necessary.

[illegible]

Farmer Application

Livestock Farmer

Total Acreage Farmed: _____ Total Years Farmed This Location: _____
 Type of Livestock: _____ Herd Size: _____
 Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of *all* antibiotics, hormones, or other synthetic inputs.

Please include how you will market your product (fresh, frozen), and type of packaging. Attach additional sheets as necessary.

[illegible]

Farmer Application

Fish Farmer Application

Total Area Farmed: _____ Total Years Farmed This Location: _____
 Type of Stock: _____ School Size: _____
 Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of ***all*** antibiotics, hormones, water conditioners, or other synthetic inputs.

Please list all fish products you plan to sell. Please be specific and include processing (fresh, cut, smoked) as well as packaging and display. Attach additional sheets as necessary.

[illegible]

Farmer Application

Egg Farmer Application

Total Acreage Farmed: _____ Total Years Farmed This Location: _____
 Type of Layer: _____ Flock Size: _____
 Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of *all* antibiotics, hormones, or other synthetic inputs.

Please list the type of eggs you will be selling and the type of packaging you will use for marketing your product. Attach additional sheets as necessary.

[illegible]

Farmer Application

Dairy Farmer Application

Total Acreage Farmed: _____ Total Years Farmed This Location: _____
Breed of Livestock: _____ Herd Size: _____
Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of ***all*** antibiotics, hormones, or other synthetic inputs.

Please list all dairy products you plan to sell. Please specify your processing procedures (milk, raw or processed, cheese, and yogurt). Further information will be required upon acceptance into the Market regarding processing facility. Attach additional sheets as necessary.

<u>Product/Crop</u>	<u>Variety</u>	<u>Marketing Season</u>	<u>Packaging Type & Size</u>	<u>Quantity</u>

Farmer Application

Apiarist Application

Total Acreage Farmed: _____ Total Years Farmed This Location: _____
Breed of Bee: _____ Total Number of Hives: _____
Certified Organic (Y/N): _____ WSDA Certification #: _____

Please list your use of ***all*** antibiotics, hormones, or other synthetic inputs.

Please list all products you plan to sell. Please be specific. Attach additional sheets as necessary.

<u>Product/Crop</u>	<u>Variety</u>	<u>Marketing Season</u>	<u>Packaging Type & Size</u>	<u>Quantity</u>