



SOUTH PASADENA FARMERS' MARKET
FARMER APPLICATION

NAME OF FARM: _____

NAME OF OWNER: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: (_____) _____ FAX: (_____) _____

EMAIL ADDRESS: _____

DO YOU HAVE COLD STORAGE? YES NO

IF SO, GIVE LOCATION ADDRESS: _____

WHEN DID YOU START THE SOUTH PASADENA FARMERS' MARKET? _____

LIST ALL THE MARKETS YOU PARTICIPATE IN: _____

Member of the South Pas Chamber of Commerce Not a Chamber member

LIST CROPS FOR APPROVAL YOU WOULD LIKE TO SELL:

EXAMPLE: Tomatoes July through September Manager Approval

List additional crops on reverse side. Crops not specified by this agreement can be added at a later date with Manager's approval and signed by Manager and Producer.

LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:

CROP	MONTHS IN MARKET	MARKET MANAGER APPROVAL
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

PRODUCER

DATE: _____

MARKET MANAGER

DATE: _____

Return (1) application, a copy of your (2) Certified Producers Certificate (Organic certification/registration if appropriate) to: Market Manager or mail to:

South Pasadena Farmers' Market
C/O South Pasadena Chamber of Commerce
P.O. Box 3446
South Pasadena, CA 91031

Phone: 626-403-2820
www.southpasadenafarmersmarket.org
Email: Carole@SouthPasadenaFarmersMarket.org