

Signature:

OFFICE USE ONLY

Approving Official:

Email:

PO Box 1053 Grants Pass, OR 97528 541-816-1144 growersmarket.org

Membership Application FOOD VENDOR

(Season Request) Summer, Winter, Full Year

Renewal: ____ New: ____

Date:

Approval

Date:

Name: Bu			Business Name:			Phone:		
Mailing Address:				Zip Code:	# of years in Market:			
Address of Cooking facility:				Do you sell at this location? (Circle) H Yes or No		Hours o	Hours of operation:	
Can the Marke	t give out t	his informat	ion upon general inquir	y? (Circle) Yes	or No	Wh	ere else is your product sold?	
Describe the food you wish to have juried:						If you are a mobile restaurant, please attach your menu with this application		
Please circle	your respon	ses to the fol	lowing questions. DO YOU	HAVE,				
A Food Handler's		A Domestic Kitchen		A Restaurant		Any other Licenses? Yes or N		
	Certificate?	Yes or No	License?	Yes or No	License?	Yes or No	Please list:	
Do you grow any of		Please list all home grown or						
the ingredients? Yes or No		locally sourced ingredients.						
JURYING:	Applicant	s must bring a ance must acc	a sample of each item to be j	uried and submi	a completed application a	t that time.	oval from the market manager. A copy of all applicable license decision as it pertains to their	

Website:

Approved

YES or No