



2023

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 Grants Pass, OR 97528
 541-816-1144
 Gpgm1manager@gmail.com

Membership Application
FOOD VENDOR
 (Season Request) **Summer, Winter, Full Year**

Renewal: _____ New: _____

Before applying, **please read the Growers' Market By Laws & Operating Rules** and the Craft/Arts/Community Service & Food Rules to determine your eligibility to participate in the Growers' Market. These can be found online at growersmarket.org, emailed or sent by USPS upon request. **To attend the GPGM, we must receive a completed application, dues payment (non-refundable), all current copies of insurance, certifications, permits, licenses, etc.**

Name:	Business Name:	Phone:
Mailing Address:	Zip Code:	# of years in Market:
Address of Cooking facility:	Do you sell at this location? (Circle) Yes or No	Hours of operation:
Can the Market give out this information upon general inquiry? (Circle) Yes or No		Where else is your product sold?
Describe the food you wish to have juried:		

Please circle your responses to the following questions. DO YOU HAVE,			
A Food Handler's Certificate? Yes or No	A Domestic Kitchen License? Yes or No	A Restaurant License? Yes or No	Any other Licenses? Yes or No Please list:

Do you grow any of the ingredients? Yes or No	Please list all home grown or locally sourced ingredients.
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JURYING: Items/products will be juried at a meeting called by the Board of Directors or at the market with prior approval from the market manager. Applicants must bring a sample of each item to be juried and submit a completed application at that time. A copy of all applicable licenses and insurance must accompany your application. The Market Manager will notify all applicants of the jury decision as it pertains to their application.

I have read, understand, and agree to abide by the Growers' Market Operating Rules, the Craft/Arts/Community Service & Food Rules and the Food Processors Handbook from the Oregon Department of Agriculture. I further understand that the Growers' Market does not provide individual product liability insurance. It is strongly advised that you secure sufficient insurance to protect yourself and your business. All licenses, will be available and/or displayed at every market.

Signature: _____ Date: _____
 Email: _____ Website: _____

OFFICE USE ONLY	Approved	Approval
Approving Official:	YES or No	Date:

