

PO Box 1053
Grants Pass, OR 97528
541-816-1144
Gpgm1manager@gmail.com

Membership Application PRIMARY AGRICULTURE VENDOR

(Season Request) Summer, Winter, Full Year

Before applying, <u>please read the Growers' Market By Laws and Operating Rules Online</u> 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 Grants Pass Growers' Market, we must receive a completed application, dues payment (non-refundable), all current copies of insurance, certifications, permits, licenses, etc.

Mailing Address: Zip Code: Number of years in the Market:	Applicant Name:	Business Name:		e:			Phone:	
How many acres in production: Sq. footage of greenhouse(s): Sq. footage of greenhouse(s): Sq. footage of greenhouse(s): Sq. footage of greenhouse(s): Selling at the market? (Circle all that apply) Can the Market give out this information upon general inquiry? (Circle) Please CIRCLE your responses to the following questions. Are your farm products seasonal? Yes or No At the Market, will you be off-loading? Yes or No Will you require water or power? Yes or No POWER Requested: How are your farm products grown? Greenhouse Container Field Make and model of vehicle you will be parking in the market: (if known): What do you grow and sell: Indoor House Plants? Outdoor Plants? Produce? Vegetables? Fruit? Flowers? Bullbs? Bedding Plants? Seeds? Trees? Shrubs? Herbs? Annuals? Cut Flowers? Other Is your Farm: (Circle All that apply) Certified Organic? Nursery Licensed? Inave read, understand and agree to abide by the Growers' Market Operating Rules and the Oregon Department of Agriculture Minimum Requirements for Food Safety, Farmers' Market Guidelines. All licenses, permits, will be available and/or displayed at every market. All copies of licenses, permits and certifications must accompany your application. I further understand that the Growers' Market DOES NOT provide individual product or general liability insurance for members. It is strongly advised that you secure sufficient insurance to protect yourself and your farm/business. Signature: Date:	Mailing Address:			Zip Co	ode:			
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