

FAIRPLEX

FOOD TRUCKS & FARMER'S MARKET THURSDAYS AT FAIRPLEX

BUSINESS INFORMATION

Legal Company Name: _____

Primary Contact Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip: _____

Cell Phone: _____ Fax: _____ Other: _____

E-Mail: _____ Website: _____

Requirement

Secondary Contact Name: _____ Phone Number: _____

California Resale Number: _____ (required to provide a copy)

To obtain a Seller's Permit, call the State Board of Equalization at (800) 400-7115

Fruit & Vegetable Certificate: _____ (required to provide a copy)

REFERENCES

List two of the most recent farmer's markets, fairs, festivals or consumer shows that you have participated in.

1 - Event Name _____ City _____ Date(s) _____

Contact Name _____ Phone Number _____

2 - Event Name _____ City _____ Date(s) _____

Contact Name _____ Phone Number _____

LOCATION REQUEST

Tent Space Needed _____ Overall Space Needed _____

Specify Electrical Requirements _____

PRODUCT, SERVICE or ACTIVITY DESCRIPTION

Please describe in detail exactly what you will be selling, displaying or demonstrating. Include photos, printed materials, or web links.

RENT:

The rent for each location is \$15.00 or 10% of total net sales, whichever is greater.

PERMITS and LICENSES:

Provide copies of appropriate general liability insurance, CA seller’s permit and Fruit and Vegetable Certificate.

All Participants driving onto the farmer’s market location must possess a current license, registration and proof of insurance

Owner/Representative Signature _____ Date _____
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