



## Vendor Application for Old Town Pasadena Farmers' Market

Southland is currently recruiting vendors of artisanal products and healthy foods for the new Old Town Pasadena Farmers' Market. The Old Town Pasadena Farmers' Market will be held on Sundays from 9:00 AM to 2:00 PM on East Holly Street between North Fair Oaks Avenue and North Raymond Ave. This is a lovely street in the upscale retail and restaurant district known as Old Town Pasadena. This market is being sponsored by the Old Town Pasadena Management District ([www.oldpasadena.org](http://www.oldpasadena.org)). The market will open in July 2013 and operate year round. The stall fees are \$40 per 10' x 10' stall space for certified producers and \$60 per 10' x 10' stall space for all vendors. If you are interested in participating in the Old Town Pasadena Farmers' Market, complete this application and submit the requested documentation. You may email the completed application to [info@sfma.net](mailto:info@sfma.net) or mail it to SFMA, POB 858, Topanga, CA 90290. For more information, contact Howell at 310-455-0181.

All Vendors must obtain a City of Pasadena Special Event Vendor Business License (a copy of the application is attached) and submit a copy of this license with this application.

Food Vendors must also obtain a Special Event Food Vendor Health Permit from the City of Pasadena's Public Health Department. (A copy of this application is attached.) and submit a copy of your permit with this application.

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Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_

Have you obtained a City of Pasadena Business License? \_\_\_\_\_

Attach a copy of the license to this application.

For Food Vendors, have you obtained a Special Event Food Vendor Permit? \_\_\_\_\_

Attach a copy of the permit to this application.

Describe the foods and/or products you wish to sell at the farmers' market: \_\_\_\_\_

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Will you be selling only prepackaged food items? \_\_\_\_\_

Will you be cooking or preparing food items on site? \_\_\_\_\_

If yes, do you have all of the equipment required by the City of Pasadena for onsite food preparations? \_\_\_\_\_

Prepared foods at the Farmers' Market are restricted to healthy items made with quality ingredients that promote proper nutrition. Describe how the foods you will offer are healthy and nutritious. \_\_\_\_\_

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In what other certified farmers' markets are you currently participating? \_\_\_\_\_

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For which stall size are you applying (check one)?:    \_\_\_\_\_ 10' x 10',    \_\_\_\_\_ 20' x 10''

For what other Southland markets are you applying?

\_\_\_\_\_ Kaiser Permanente Woodland Hills, Woodland Hills, CA on Thursdays from 10:00 – 2:30

\_\_\_\_\_ Kaiser Permanente Panorama City on Wednesdays from 9:00 – 1:30

\_\_\_\_\_ Kaiser Permanente Fontana on Fridays from 10:00 – 2:00

\_\_\_\_\_ Kaiser Permanente Ontario on Wednesdays from 10:00 – 2:00

\_\_\_\_\_ Kaiser Permanente Riverside on Fridays from 10:00 – 2:00

\_\_\_\_\_ Topanga on Fridays from 9:00 – 1:00

\_\_\_\_\_ Terra Vista Town Center, Rancho Cucamonga, on Saturdays from 9:00 – 2:00

\_\_\_\_\_ City of Fontana on Saturdays from 8:00 – 1:00.

\_\_\_\_\_ Historic Downtown Los Angeles on Sundays from 9:00 – 1:00

\_\_\_\_\_ Marina del Rey on Thursdays from 7:30 AM to 1:30 PM

I will adhere to the requirements of the market's rules and regulations. I agree to the market's stall fee payment policies and requirements. I agree to post signs for each product for sale each market day. I understand that I will be required to cooperate with market management, to pay the required stall fees each market day and submit a complete and legible load list at the end of each market day.

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Signature of Vendor/Owner

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Date

*Email your application to [info@sfma.net](mailto:info@sfma.net), or mail it to SFMA, PO Box 858, Topanga, CA 90290  
For more information, call Howell at 310-455-0181.*

## Participation Agreement

I, the undersigned, in consideration for participating in a Southland Farmers' Market Association certified farmers' market, agree to the following terms and conditions:

I shall indemnify, defend and hold harmless the Southland Farmers' Market Association, its officers, agents, employees and volunteers from and against any and all loss, damages, liability, claims, suits, costs and expenses, whatsoever, including reasonable attorneys' fees, regardless of the merit or outcome of any such claim or suit, arising from or in any manner connected to the willful misconduct or negligent acts, errors or omissions by me, my agents and employees, in connection with my participation in the Southland Farmers' Market Association's certified farmers' markets, and in the performance of services, work or activities under this Agreement.

I agree that I will maintain vehicle liability insurance, and where applicable, product liability insurance, in effect while I am participating in the certified farmers' market.

I agree and understand that the participation of my farm/business is on an annual basis and the renewal of my selling privileges is based upon the following factors: consistent reserved attendance, cooperation with the market manager, quality of products, submission of completed load lists, adherence to the market rules and regulations, and adherence to the State of California direct marketing regulations and where applicable the State of California Uniform Retail Food Laws.

I agree that any dispute that arises between myself and the Southland Farmers' Market Association shall be resolved by the due process policies as outlined in the Market Rules and Regulations.

I hereby declare that I have the authority to sign this acknowledgement/agreement as the participant or the participant's representative. By signing this acknowledgement/agreement, I acknowledge that a representative of Southland Farmers' Market Association may visit and conduct an onsite inspection of the location(s) where my product(s) is/are produced and/or stored to verify compliance with the Market Rules and Regulations and the State of California's regulations.

I acknowledge receipt of and agree to abide by the Southland Farmers' Market Association's Market Rules and Regulations.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date



## SPECIAL EVENT SPONSOR/VENDOR APPLICATION

**This form is to be completed for each sponsor/vendor who will be marketing or promoting their business at an event. If you are non-profit exhibitor, please attach proof of 501(c)3 status.**

Name of Event: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Event Location(s): \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Federal ID # \_\_\_\_\_ or Social Security # \_\_\_\_\_

State Board of Equalization # \_\_\_\_\_

(State Board of Equalization number must reflect PASADENA address)

Please briefly describe your business: \_\_\_\_\_

Non-Profit? Yes  No  (Please attach copy of 501(c)3 letter).

Items will be (check all that apply): Sold  Given Away

No person shall knowingly or intentionally misrepresent to any employee of the City any material fact in procuring a license, permit, or duplicate license or metal plate. Any person violating the provisions governing a business license tax is subject to misdemeanor charges.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

APPLICATION AND PAYMENT DUE 10 DAYS PRIOR TO EVENT DATE  
NO REFUNDS

### CREDIT CARD AUTHORIZATION

Cardholder Name: \_\_\_\_\_

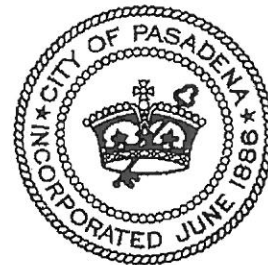
Card Type:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

# PASADENA PUBLIC HEALTH DEPARTMENT SPECIAL EVENT FOOD VENDOR APPLICATION



An application must be completed for each food stand for a specific event held in the City. The completed application must be submitted event, to the Environmental Health Division for review at least ten (10) days before the scheduled event: **NO EXCEPTIONS WILL BE MADE FOR LATE SUBMITTAL OF AN APPLICATION!**

A. Event date(s) and location:

B. Circle the type of stand that will be used at the event:

- Temporary food stand     Mobile food vehicle     Food trailer     Food cart

C. List all persons in charge of the food stand:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>E-Mail Address</u>
-------------	----------------	--------------	-----------------------

- |    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

D. List all food to be served at the event. Indicate what foods will be prepared at the stand. If food will be prepared off-site, give the name of the restaurant and address where the food will be prepared.

E. If perishable foods are included above, what type of equipment will be used to maintain the perishable food below 41 degrees F and above 140 degrees F?

F. Will multi-use kitchen utensils be used at the site? Yes  No

G. Are customer utensils single-service and disposable? Yes  No

H. List other equipment that will be used, such as sinks, stove, warmer, etc.:

I. Are restrooms within 200 feet of the food stand? Yes  No

II. Is 3-compartment sink available within the stand? Yes  No

III. Is there a hand wash sink with hot & cold water? Yes  No

J. Describe the type of material used for the temporary food stand, if applicable:

- |    |          |  |
|----|----------|--|
| 1. | Floor:   |  |
| 2. | Walls:   | <input style="width: 60%; height: 20px;" type="text"/> screen / solid <input style="width: 30%; height: 20px;" type="text"/> |
| 3. | Ceiling: |  |
| 4. | Size:    |  |

K. Additional Comments:

Applicant

REHS

**CITY OF PASADENA - PUBLIC HEALTH LICENSE APPLICATION**

TODAY'S DATE \_\_\_\_\_ DL # \_\_\_\_\_ DATE BUSINESS STARTED

MO	DAY	YR
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OWNER(S) NAME(S) \_\_\_\_\_  
 LAST, FIRST AND MIDDLE INITIAL

PARTNER(S) \_\_\_\_\_  
 LAST, FIRST AND MIDDLE INITIAL

DOING BUSINESS AS - TRADE NAME \_\_\_\_\_

BUSINESS ADDRESS }  
 NUMBER AND STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS }  
 NUMBER AND STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF BUSINESS TO BE LICENSED \_\_\_\_\_  
 VEH. LICENSE NO. \_\_\_\_\_

PHONE \_\_\_\_\_ BUSINESS CODE \_\_\_\_\_  
 ( ) - \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_  
 SIGNATURE OF FIELD REPR. \_\_\_\_\_