

Center for Sustainable Development (CAUSES)

UDC's Farmers' Market 2015 Vendor Application Form

UDC's Farmers Market Team Building 44, Office: 200-30 4200 Connecticut Avenue, NW Washington, DC-20008 202.274.7161

Return the completed application form along with any other accompanying certification to: sustainability@udc.edu

or Fax: (202) 274-6016.

| Vendor's Name | Cell Phone | | |
|---|---|------------------|--|
| Street Address | | | |
| City | State | Zip | |
| Email: | | | |
| Please circle ALL market dates for which | you are applying to attend during th | ne 2015 season: | |
| May 23, 30 June 6, 13, 20, 27 July 11, 18, 25 Aug 1, 8, 15, 22, 29 | Sept 5, 12, 19, 26 Oct 3, 10, 17, 24, 31 Nov 7, 14, 21 | | |
| Note: The Farmers Market will not operate | te on July 4 th . | | |
| Do you need your vehicle or a trailer at you | our stall for power or refrigeration? | /es No | |
| If so please give us the dimensions width | and length | of your trailer. | |
| If yes, the vendor is responsible for obtain | ning all applicable permits. | | |
| List below all products you will be selling | at the market: | | |
| | | | |
| | | | |
| Checklist: o Completed application form | | | |

CAUSES" and write "Farmers' Market" on the memo line.
Copies of all applicable certifications (Organic, Food Safe, etc.)

Insurance documentation citing UDC as additional insured* (see note below)

Registration Fee: Check or money order for application fee of \$150.00 payable to: "UDC

I have read and agree to follow the UDC's Farmers Market Guidelines. I understand that I must become a member of the UDC's Farmers' Market to be a vendor at the market.

| Vendor's signature: | Date: |
|-----------------------|-------|
| Manager's signature: | Date |
| Mariager 5 Signature. | Bate |

* Please ensure that when requesting the certificates of insurance, the language for adding the University as an additional insured is as follows:

"University of the District of Columbia, its trustees, directors, officers, employees, representatives and agents" are named as an additional insured.

Email Form