Gooding Farmer's Market Application

2025

Nam	ne:	
Busi	siness Name:	
Addı	dress:	
City:	r: State:	Zip:
Phor	one: E-Mail:	
	Idaho Tax Number: You will be responsible for collecting and reporting esponsible for registering the market as an event, temporary Permit. Event numbers can b www.goodingfarmersr	g your own sales taxes. EVERYONE is whether you have a permit or needing a e found on the GFM website.
	at will you be Selling? Please provide a descriptior iness on our website.	that would work well as a bio for your
	Do you need to use a trailer? Y/N Do you nee	ed any other special considerations?
Will y	you be reselling any items Y/N If yes what are th	ose items
Have	ve you read,agree with and are able to abide by th please visit www.goodingfan Yes	
Sch	By signing below, I agree to hold the Gooding Farm shool,, the city and county of Gooding, and it's con- sponsibility or liability, and from any and all bodily expense actions and cause of action arising fror participating in the Gooding Farmer's	ractors and employees, harmless for any injury claims, demands, damages, costs, n any act or occurrence as a result of
-	Signature	Date

Please Submit completed application and calendar to the Gooding Farmer's Market % Mel Gallup, 1776 S. 2050 E. Gooding ID 83330 or to melsturm77@gmail.com.

I plan to be a: Full time vendor (11 or more market days) \$85 flat fee_____ Part time Vendor (8 to 10 market days) \$60 flat fee_____ Guest Vendor (1 to 3 market days) \$20 per visit x3_____ Weeks I am planning to attend: June 3___June 10 ____ June 17___ June 24 ____ July 1___July 8___July 15___July 22___July 29 ____ Aug 5___Aug 12___Aug 19___Aug 26___ Sept 2 ___Sept 9 ___Sept 16___Sept 23___Sept 30____ Oct 1___Oct 8____

Gooding Farmers Market will continue to remain flexible but by filling out the dates that you are planning to attend will help us plan ahead and help make it a great market for all involved. Fees will not be refunded if you attend less than what you plan.

Signature:	Date:
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