

SUNSET VALLEY FARMERS MARKET
Food Vendor Application

BUSINESS NAME: _____

CONTACT NAME: _____

SALES TAX I.D. NUMBER if applicable: _____

MAILING ADDRESS: _____

MANUFACTURING ADDRESS AND DIRECTIONS TO SITE: _____

TEL: _____ **CELL:** _____

E-MAIL: _____

WEBSITE: _____

Please list below ALL items you will sell at the market. Use the back if necessary. Any item not listed must be approved by the Market director before bringing it.

Copies of the following documents must be included when submitting the application: Copy of the Travis County Food Products Permit, Copy of Liability Insurance if applicable and certificate of completion of Food Handling Course. Call

Travis County Inspector Phillips at 512.972.5682 with questions.

I hereby certify that all the information contained in this application is correct.

Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

Tel: 512.443.0143 weekdays, 512.280.1976 Saturdays.