

# FRUITVALE FARMERS' MARKET

Attention: Tom Limon  
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## 2005 FOOD PURVEYOR APPLICATION TO SELL

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

(Business name as you would like it to appear on The Unity Council's website. Please type or print neatly.)

Business Owner: \_\_\_\_\_ Contact (if not Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

List all Food Items you wish to sell (attach additional sheet if needed)

### ITEMS

### DESCRIPTION

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____

Do you process the commodity yourself? \_\_\_\_\_ Attach a copy of your Health Permit

Other licenses, permits required (please attach) \_\_\_\_\_

### **INSURANCE:**

Please include the following Insurance Certificates,:

1. Certificate of General Liability Insurance (Minimum coverage \$500,000)
2. Certificate of Auto Insurance (Minimum coverage \$500,000)

**The Unity Council must also be listed as an Additional Insured prior to selling at the market**

### **AGREEMENT TO ABIDE BY THE UNITY COUNCIL'S RULES:**

I request permission to sell at the Fruitvale Market operated by The Unity Council. I produce or import these products myself. I agree to abide by the Rules & Regulations put forth by the Unity Council, cooperate with the market management, and pay the required fees.

Signature of Certificate Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Stall Fees per Market Day:	Sundays
10' x 10' Space	\$25