## 2023 CBDA Coos Bay Farmers Market General Application

COOS BAL



Market Location: Central Ave in Downtown Coos Bay between Hwy 101S & 3rd Street & partial of crossing 2nd Street, Central & 2nd Street Corner Parking Lot

Wednesday, May 3 - October 25, 2023 9:00am - 2:00pm

Please submit your non-refundable \$25 application fee with completed application, copy of insurance, and copies of all other required documents to the Coos Bay Downtown Association office, 320 Central Avenue, Ste 410 or to apply online visit our website at <a href="https://www.coosbaydowntown.org">www.coosbaydowntown.org</a> The non-refundable application fee must be paid before applications can be processed for acceptance.

Booth Type	Fee	Booth Type	Fee
Standard 10'x10'	\$40	Standard 10'x50'	\$200
Standard 10'x20'	\$80	Standard 10'x 60'	\$240
Standard 10'x30'	\$120	Verified Non-Profit Educational Only	\$10
Standard 10'x40'	\$160	Verified Non-Profit Fundraiser/Sales \$20	

Season passes are available if payment is made in full by April 26, 2023. Vendors who pay for the entire 2023 season will receive a 10% discount and a reserved priority booth location. Non-profit entities are not eligible for the discount. Please contact the CBFM Market Manager by email <a href="mailto:coosbayfarmersmarket@gmail.com">coosbayfarmersmarket@gmail.com</a> if you would like to purchase a season pass.

Business Name:						
Owner Name:		Booth Operator:Business #:				
Home #:	Cell #:	Business	#:			
Email:		Website:				
Social Media Web	sites (link):					
Market Start Date_	Market End Date	All Season				
Prearranged Marke	et Dates Absent					
Type of Vendor		Product(s) to be sold				
		_ Electrical Amperes				
		mpling process				
		ng including a photo of mand				
		following programs and have li				
	oducts					
		Food Accessibility program	WIC/SR Vouchers			
	dors: Items must be handcrafted: Please submit copy of 501(c)	d by you. Please submit photos of 3 with application	products with the application.			
Insurance Compan	у	Policy#				
Coos Bay Downtow The CBDA requires	n Association must be named of all vendors to have liability in	as additional insured on the certi surance with additional product mends vendors have product liab	ficate of liability insurance. coverage required for edible,			
Signature:			Date:			
Date Received:	Copy of Insurance:	Payment received/type:	Received by:			