

Rialto Certified Farmers' Market Vendor Interest Form

This is a prospective vendor only
-no fee for applying

Business Name: _____

Instagram Handle: _____ Facebook Handle: _____

Contact Name(s): _____

Email Address: _____ Website: _____

Mailing Address: _____

City/State/Zip: _____ County: _____

Contact/Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax#: _____

Check business category: **Farmer** **Hot Food Vendor** **Food Truck** **Food Artisan** **Other:** _____

Check your anticipated selling season(s): **Spring** **Summer** **Fall** **Winter**

When would you be available to start?: _____

Other markets at which you sell: _____

Brief description of what you sell: _____

I have read, understand and agree to abide by RCFM bylaws, rules and regulations. _____ (Initial Here)

Signature : _____ Date: _____

Email to Market Manager: cityclerk@rialtoca.gov

or return to City Clerk's Office @ 290 West Rialto Ave, Rialto, CA 92376