

## R

A CERTIFIED FARMERS' MARKET

RAIN OR SHINE

P . M . A . M . TO 1:00

Farmeri Market 9300 BLOCK OF CIVIC CENTER DRIVE \*

NAME:	<u></u>		
COMMUNITY GROUP (\$25)	LOCAL BUSINESS (\$75)	HEALTH ORGANIZATION (\$25)	
IF NONPROFIT, PROVIDE FRANCHISE	TAX BOARD NUMBER:		
ADDRESS:			
CITY:			
PHONE:			
EMAIL:			
WEBSITE: LIST PRODUCTS DESIRED TO BE SOLD			MANAGER APPROVAL
(List additional products on back of form	<u> </u>		
SIGNATURE:		DATE:	
TITLE:		<i>D</i> AIL	
DATES CONFIRMED:			
Market Manager		Date	
Return to: Beverly Hills Farmers' Market Include (1) Application, (2) Signature p			

LIST PRODUCTS DESIRED TO BE SOLD FOR APPROVAL:	MARKET MANAGER APPROVAL