



Application for 2025 Membership

Please read the accompanying "Rules & Regulations"

If mailing, send the completed form and check payment to:

Emmett Farmers Market P.O. Box 875, Emmett, ID 83617

Questions? Call or text (208) 506-8430

Your Name: _____

Farm/Business Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Website: Y/N



Please describe the products or services you plan to offer for sale at the market:

Membership Fee: **\$15/day** or **\$75 for the season** (if paid before **May 15, 2025**, the *Early Bird* seasonal fee is **\$60.00**)

Please indicate if you have a canopy and/or if you will be putting up the side panels Circle Y/N

Electrical Requirements: _____ Cost: \$30/season.

Please remit copies of all applicable licenses, certifications of inspections, and permits.

I agree not to hold the Emmett Farmers' Market, its volunteers, the City of Emmett, or its representatives and employees responsible for any damages arising out of the sales of my products or from my presence on the market site.

I agree to sell only those items approved by the market management as noted. I hereby acknowledge the receipt of the Rules and Regulations for the Emmett Farmers' Market. I have read, understand, and agree to abide by these rules and regulations and others that may be written.

Please note that changes have been made to the EFM Rules & Regulations!

Please circle the months/days you plan to attend: **Jun/Jul/Aug/Sep/Oct** Wed only / Sat only / Both Wed & Sat

If unable to start at the beginning of the market season, indicate the date you plan to start _____

Please list any dates you plan not to attend the market _____

By checking this box, you agree to allow Emmett Farmers Market to use your likeness, name, business name, products, etc., in any marketing efforts which is in a direct effort to increase the EFM customer base.

By checking this box, you acknowledge completing the registration for both Event ID's (if appropriate) with the Idaho State Tax Commission for the Emmett Farmers Market Events

Signature: _____ Date _____

(Your signature indicates your agreement to abide by the Rules & Regulations of the Emmett Farmers Market.)

Office Use Only:

Payment Received by _____ Date _____ Check # _____ Cash Amt. _____