

Windsor Certified Farmers Market -	2025 Sellers Application	
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Sunday Vendor - Opens April 6 Thursday Vendor - Opens May 29 (Past vendors only)

Business Name (or Group Name)

Contact Name	cell phone
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Contact Title	email
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Mailing Address	website
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City/State/Zip	Vehicle Information Required
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	Drivers License #
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Physical Address	<i>(For those who attend Market)</i>
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City/State/Zip	Auto Insurance
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2nd Farm or Biz Location	Carrier
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Address	Expiration
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City/State/Zip	<i>(Please, include copies of above)</i>
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Family & Employees who may sell at Market		
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Name	Name	Name
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Other Markets at which you sell:		
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Ag Producers/Certified - Complete and proceed to final section - <i>Include copy of documents</i>
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CPC #	Exp. Date	County if not Sonoma?
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2nd CPC #	Exp. Date	
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Organic?	Egg Handler?	Nursery Stock?
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Non-Certified Ag Producers - Complete and proceed to final section - <i>Include copy of documents</i>
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SoCo Health Permit Food ID #	Exp. Date
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Product Liability Insurance - Naming WCFM, Inc and the Town of Windsor additional insured	
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Carrier	Policy #	Exp. Date
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List Products:	
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Processed Foods/Food Vendors (on Site)-Complete and proceed to final - <i>Include copy of docs</i>

SoCo Health Permit Food ID #	Exp. Date
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Product and/or Food Liability Insurance - Naming WCFM, Inc and the Town of Windsor additional insured	
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Carrier(s)	Policy #(s)	Exp. Date(s)
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Artists/Crafter Vendors - Complete and proceed - <i>Include copy of documents</i>
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State Board of Equalization Permit (required) #	
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List Products:	
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Final Section - to be completed by all applicants
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WCFM Annual Application Fee - \$25.00 (To be paid at time you apply.)	Check or Venmo, see below.
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I HAVE READ THE RULES AND REGULATIONS FOR THE WINDSOR CERTIFIED FARMERS MARKET, INC. AND AGREE TO CONFORM TO THE REGULATIONS CONTAINED THERIN, INCLUDING SECTION C15b CONCERNING OPERATING HOURS OF MARKET. I UNDERSTAND THAT THE WINDSOR FARMERS MARKET INSURANCE POLICY DOES NOT COVER LIABILITIES FOR MY EMPLOYEES, MY FAMILY MEMBERS OR MYSELF. I UNDERSTAND I AM RESPONSIBLE FOR SUPPLYING PERMIT RENEWALS BY EXPIRE DATES.

The seller agrees to indemnify and hold harmless the WCFM, it's Governing Board of Directors, Agents, Employees and Volunteers from any damage, injury or loss to any person or persons, including, but not limited to, persons to whom the seller may be liable under any Workers Compensation law and the producer, and from any loss, damages, caused by action, claims or suits for damages, including, but not limited to, loss of property, goods, or merchandise, caused by, or arising out of, or in any way connected with sellers use of the privileges herein granted.

Signature:

Applications accepted all season, deadline to submit for preferred placement in 2025, is April 1st. Please let us know ASAP if you ARE NOT returning in 2025. ONLY 2 ways to apply - By mail with check, By email with Venmo.

**By Mail with \$25 Check or Cash included to WCFM PO Box 1877, Windsor, CA 95492, Tina 707-246-6741
By Email to tina@windsorfarmersmarket.com with \$25 fee to Venmo account @windsor-certified**



**WAIVER OF LIABILITY, MEDICAL RELEASE AND
INDEMNIFICATION AGREEMENT**

Activity: Participation as an authorized Vendor in the Windsor Certified Farmers Market during the period from April 6, 2025 through and including December 7, 2025.

In consideration for being permitted by the Town of Windsor to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the Town (its officers, employees, agents and elected officials) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the Town or (its officers, employees, agents and elected officials).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the Town (its officers, employees, agents and elected officials) who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the Town (its officers, employees, agents and elected officials) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE TOWN OF WINDSOR AND ME, AND I SIGN IT OF MY OWN FREEWILL. (Each participant must personally sign).

Signature

Date

Address: Street, City, Zip

Telephone No.



WORKER'S COMPENSATION DECLARATION

To Town of Windsor:

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

- I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that, if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: _____ Applicant: _____

Print Name: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

For your Information: If you do not have paid employees with Workers Comp Insurance. Please check the last line on the left, sign and date and return with application.