

Gooding Farmer's Market Application
2026

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Website and/or Social Media Handles _____

Idaho Tax Number: _____

You will be responsible for collecting and reporting your own sales taxes. EVERYONE is responsible for registering the market as an event, whether you have a permit or needing a temporary Permit. Event numbers can be found on the GFM website.

www.goodingfarmersmarket.com

What will you be Selling? Please provide a description that would work well as a bio for your business on our website.

Do you need to use a trailer? Y/N Do you need any other special considerations?

Will you be reselling any items Y/N If yes what are those items _____

Have you read, agree with and are able to abide by the rules of the Market? (If you need a copy please visit www.goodingfarmersmarket.com)

_____ Yes

By signing below, I agree to hold the Gooding Farmer's Market, Idaho Deaf and Blind State School,, the city and county of Gooding, and its contractors and employees, harmless for any responsibility or liability, and from any and all bodily injury claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence as a result of participating in the Gooding Farmer's Market in Gooding, Idaho.

Signature

Date

Please Submit completed application and calendar to the Gooding Farmer's Market % Mel Gallup, 1776 S. 2050 E. Gooding ID 83330 or to melsturm77@gmail.com.

I plan to be a:

Full time vendor (11 or more market days) \$85 flat fee _____

Part time Vendor (8 to 10 market days) \$60 flat fee _____

Guest Vendor (1 to 3 market days) \$20 per visit x3 _____

Weeks I am planning to attend:

June 2 ___ June 9 ___ June 16 ___ June 23 ___

June 30 ___ July 7 ___ July 14 ___ July 21 ___ July 28 ___

Aug 4 ___ Aug 11 ___ Aug 18 ___ Aug 25 ___

Sept 1 ___ Sept 8 ___ Sept 15 ___ Sept 22 ___ Sept 29 ___

Oct 6 ___

Gooding Farmers Market will continue to remain flexible but by filling out the dates that you are planning to attend will help us plan ahead and help make it a great market for all involved. Fees will not be refunded if you attend less than what you plan.

Signature: _____ Date: _____