



OFFICE USE ONLY		PRC #1	PRC #2	PRC #3	PRC #4	Staff #5	Staff #6		
Member #	Date								
	Space								
	PRC Initials								
PRC jury results:						PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

## SERVICE VENDOR APPLICATION

1. **APPLICATION CHECKLIST** [See the Prospective Vendor Manual for more info on these **required** items. **Face painters and henna artists have additional requirements.** Incomplete applications will not be accepted.]

- \$25 application fee (cash, checks, cards accepted)       Liability insurance  
 Copies of credentials/licenses                                       Partnership documentation, if applicable

2. **PERSONAL/CONTACT INFORMATION:**

Applicant's Name: \_\_\_\_\_ Application date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **MEMBERSHIP PREFERENCE:**       Fill-in Member       Sunday Only Fill-in Member       Guest Vendor

4. **Have you sold at Portland Saturday Market in the past?**       Yes       No

If so, what was your business name? \_\_\_\_\_ Previous dates sold: From \_\_\_\_\_ To \_\_\_\_\_

5. **What type of services do you offer?** \_\_\_\_\_

6. **How do you provide this service?** \_\_\_\_\_

7. **What type of equipment do you need to perform this service?** \_\_\_\_\_

8. **How long have you worked in this field? Please list work and/or volunteer experience.** \_\_\_\_\_

9. **What is your training and where were you trained?** \_\_\_\_\_

10. **Please list three professional references with contact information.** \_\_\_\_\_

11. **List types of licenses you hold:** \_\_\_\_\_

12. **How is your business organized?**       Sole Proprietor       Partnership\*       Business w/employees

[\*According to PSM, a partnership is a business with a maximum of four individuals, each of whom is involved in the design and production of the products, sells an equal amount of time at PSM each month, and shares in the profits and losses of the business. All partnerships are required to provide documentation as described in the Prospective Vendor Manual.]

I request permission to sell as a Probationary Fill-in Vendor, Guest Vendor or Returning Fill-in Member at the Portland Saturday Market (PSM). I have read and agree to abide by all PSM's rules and policies as well as all federal, state and local laws, codes and regulations, to cooperate with PSM management and to pay the required PSM fees. I agree to indemnify and hold harmless PSM and the City of Portland and their officers, directors, employees, representatives and agents, from and against all liability, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to my activities at PSM. Indemnification shall include, and PSM shall be entitled to recover all reasonable attorneys' fees and costs at trial and on appeal.

I understand that this application relates only to the products listed herein and that any further products and/or services will require another application for approval by a designated PSM Committee prior to selling said products and/or services. I certify that the products above are produced in accordance with all county, state and federal laws and grown or produced by myself and partners listed on this application. I understand that I am required to file all business entity changes, including changes in partners listed on business, with PSM immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_