



2019 AIM Prospective Participant Application

Please circle your category: Certified Producer/Farmer Rancher/Meat/Dairy/Cheese Producer Fisher
Food Purveyor/pre-packaged Food Purveyor/TFF/onsite food consumption Artisan Commercial Non-Profit

Business Name: _____

Business Owners Name(s): _____

Email: _____ Website: _____

Mailing/Billing Address: _____

City, State, Zip _____ County _____

Contact/Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

What do we have permission to post on the AIM website? (Check all that apply)

Contact/Business Phone _____ Address _____ Email _____ Website _____ No Information _____

Business Ownership (Check all that apply): Family Owned _____ (# of years) _____

Limited Partnership _____ Corporation _____ Other ____ (_____)

Which AIM FM's you are interested in attending? Mark down how much frontage space you are requesting (10ft-30ft) as well as year-round or seasonal (identify the months you would like to attend).

Market	Market hours (all are yr-rnd)	Interested in selling at? Frontage space requesting (10ft-30ft)	Are you year-round or seasonal? * If seasonal give approx. start/end dates
Marin Civic Center (Thursday)	Th. 8a-1p		
Hayward	9a-1p		
Oakland / Grand Lake	Sat. 9a-2p		
San Francisco / Clement St.	Su. 9a-2p		
Marin Civic Center (Sunday)	Su. 8a-1p		
Newark	Su. 9a-1p		
San Francisco / Stonestown	Su. 9a-1p		

(over)

Business Description

Please check all that apply:

Prepackaged food purveyor _____ Prepared food for onsite consumption _____

*** Attach a list of all proposed product offerings or a menu with items with approx. prices**

At market do you intend to sample the products you sell (circle one) ? Yes / No

Any preparation of food offsite must be done in a Health Dept. approved facility. Please list name/address of facility: _____

Describe your business history and business philosophy: _____

Sourcing & Ingredients

_____ % of ingredients purchased from certified producers (farmers) at Farmers Markets

List ingredients **and** the farm names you plan to purchase from: _____

_____ % of ingredients sourced from other outlets: List ingredients/sources: _____

Do you use organic ingredients? _____ Are you certified organic? _____ If so, by whom? _____

Food Purveyors and Food Processors may only use the word "organic" on labels if they are certified by a 3rd party agency and registered with the California Department of Public Health or California Department of Food and Agriculture. Upon approval AIM will request copies for verification.

of Farmers Markets that you currently sell at: _____ Please list markets: _____

AIM's Mission

Agricultural Institute of Marin's mission is to educate the public about the nutritional and economic benefits of buying locally grown food directly from farmers, and to connect and support communities & agriculture. How does your business support this mission?

Is there anything else you would like to tell AIM? _____

Please attach:

- **list of proposed product offerings or menu with items with approx. prices**
- **photo or diagram of your booth**

*When complete, please mail, fax or email your application to our office. While we would love to speak with all prospective vendors individually, the high volume of applications we receive combined with our regular workload does not always allow for this. **Once we have reviewed your application we will contact you if we are interested.** Although we do not want to discourage prospective vendors from applying, we would like applicants to have a realistic understanding of the availability of space at AIM's markets. We receive a high volume of applications and many of our markets are currently full with an extensive waiting list. Please take this information into consideration before submitting your application.*

Return completed application packet to:
AIM, 400 Smith Ranch Rd. Suite D, San Rafael, CA 94903
Fax: 415 472-6112 Email: info@agriculturalinstitute.org