



# City of Dinuba Farmers Market 2025 Vendor Application

DEADLINES VARY BY VENDOR TYPE



May – June, every Friday  
Setup time: 3:00 pm – 4:30 pm | Event time: 5:00 pm – 8:00 pm | Entertainment: 6:00 pm – 8:00 pm  
(\$5.00 fee, per market date, NO REFUNDS)



## GENERAL INFORMATION

Business/Organization Name: \_\_\_\_\_  
Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
City/ CA /Zip Code: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Website/Social Media information: \_\_\_\_\_

## SELECT THE DATES YOU PLAN ON ATTENDING:

☐ May 23    ☐ May 30    ☐ June 6    ☐ June 13    ☐ June 20    ☐ June 27

## SELECT VENDOR TYPE

☐ **FOOD VENDOR: (Deadline applied, \$5.00 fee, perk market date):**

**APPLICATION DEADLINE: THURSDAY, MAY 8, 2025, @ 5:00 PM**

A Tulare County Environmental Health Permit will be required for food vendors. \*

- Spaces are 15W' x 20L'.
- Do you have a Tulare County Permit?                      Yes ☐                      No ☐  
If yes, please attach a copy of your current permit with your application.
- Description of setup (check all that apply): Food mobile (trailer) ☐    Food Truck ☐    Pop-up (tent) ☐
- Which side is your serving window on: Drivers side ☐                      Passenger side ☐

**NOTE:** The sale of ANY food item(s) at the Dinuba Farmers Market requires a **Temporary Food Vendor Application and Permit from the Tulare County Environmental Health Department**. Contact the Tulare County Department of Health at 559-624-7400 for questions or clarifications on what permits your food requires. You may visit their website: [tularecountyeh.org](http://tularecountyeh.org). The Food Vendor Paperwork is included within this packet.

List the type of foods and/or you will be selling:

---

---

The DFMA Manager will further review your application for approval. Submitting an application does not guarantee acceptance into the Dinuba Farmers Market. All applications will be reviewed and approved prior to participation. Factors that may affect approval include space available at the market, specific vendor offerings, incomplete applications, and/or vendor history with the Dinuba Farmers Market.

\_\_\_\_\_  
Initials

**[ ] RESOURCE BOOTH: (No deadline, ongoing all season, free)**

- Spaces are 10' x 10'
- We ask for a gift basket or donation to raffle off during our event that will be free to the public.
- *Booths food sampling or providing refreshments will need to complete the food vendor requirements\**

List a description of booths and items handouts:

**[ ] FARMER: (No deadline, ongoing all season, \$5.00 fee, per market date)**

- Spaces are 10' x 20'
- Are you WIC & SMNF certified? Yes [ ] No [ ]
- Would you like to be WIC & SMNF certified? No fees apply. Yes [ ] No [ ]
- Do you have a Tulare County Agricultural Certificate, or is Tulare an authorized county on the certificate? Yes [ ] No [ ]
- Please attach a copy of your current County Agricultural Certificate with your application
- *Booths food sampling or providing refreshments will need to complete the food vendor requirements\**

List major merchandise:

**[ ] CRAFT VENDOR: (No deadline, ongoing all season, \$5.00 fee, per market date):**

- Spaces are 10' x 10' space.
- The sale of Arts and Craft items at the Dinuba Farmers Market requires a **CA BOA Sellers Permit**.
- Contact the California Department of Tax and Fee Administration at (559) 440 – 5530 or visit their website: [www.boe.ca.gov](http://www.boe.ca.gov)
- Are you applying for a CA Seller's Permit? Yes [ ] No [ ]
- Attach a copy of your current CA Seller's Permit with your application.
- *Booths food sampling or providing refreshments will need to complete the food vendor requirements\**

List and describe the type of craft: (Handmade crafts are encouraged)

**Dinuba Farmers Market Fees**

Resource Booth Space(s) _____	X	# of Day(s) _____	=	N/A
Farmer Vendor Space(s) _____	X	# of Day(s) _____	=	\$ _____
Craft Vendor Space (s) _____	X	# of Day(s) _____	=	\$ _____
Food Vendor Space (s) _____	X	# of Day(s) _____	=	\$ _____
Health Department one-time fee (if applicable) _____			=	\$ _____

**Total Cost: = \$ \_\_\_\_\_**

**Payments can be made in person at the City of Dinuba Recreation Center. Make the check payable to the City of Dinuba.**

**RETURN APPLICATION:** 1390 E. Elizabeth Dinuba, CA 93618. For more information, contact (559)591-5940.

Office Use Only

Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____
Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____
Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____
Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____
Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____
Sum Received: \$ _____	Receipt Number: _____	Accepted By: _____	Date: _____

## Applicants Terms, Conditions, Rules & Regulations

- The Market Manager will assign space. We do not guarantee that seasonal vendors will return to the same space each night.
- Resource booths are limited to health and wellness-related information. No political or religious affiliation groups will be permitted.
- Participants will need to pay for additional spaces and are limited to two (2).
- The City of Dinuba will not provide power.
- Generators must be in good condition. If generators are in unsafe conditions, at the Market Manager's discretion, the vendor will be asked to move locations or shut off the generator.
- Participants are responsible for their tables, chairs, and canopies.
- Participants are required to provide appropriate signage pertaining to their vendor type.
- No "hawking" is permitted.
- No smoking or alcohol shall occur within the market.
- Vehicles are not permitted on-site unless otherwise noted. The Market Manager must be informed ahead of time to provide guidance in a safe manner.
- Community groups, such as non-profit organizations, will be evaluated for approval.
- Additional information and details regarding the City of Dinuba Farmers Market are available upon request.

## Liability Waiver Form

I UNDERSTAND THE RISKS INVOLVED BY PARTICIPATING IN THE ACTIVITY OF DINUBA'S FARMERS MARKET FOR WHICH I/WE HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, CONTAGIOUS DISEASE, DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE CITY OF DINUBA, (ITS OFFICERS, AND/OR OFFICIALS, EMPLOYEES, VOLUNTEERS AND AGENTS) FROM 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 PERSONS OR ENTITIES MENTIONED ABOVE. IT IS UNDERSTOOD THAT THIS ACTIVITY INVOLVES AN ELEMENT OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED, THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I AGREE TO INDEMNIFY AND TO HOLD THE ABOVE PERSONS AND ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE, WHICH THEY MAY INCUR AS THE RESULT OF MY DEATH OR INJURY OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. I FURTHER PERMIT THE USE OF ACTIVITY/EVENT PHOTOGRAPHY AND/OR VIDEO FOR MEDIA PROMOTION. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY, AND ALL, REPAIR COSTS FOR DAMAGES CAUSED DURING MY EVENT. DENIAL OF FUTURE PARTICIPATION OF ANY CITY OF DINUBA EVENTS FOR A PERIOD OF TWO YEARS AND/OR FORFEITURE OF DEPOSIT (WHEN REQUIRED) SHALL OCCUR IF I DO NOT COMPLY WITH ANY RULE, REGULATION, POLICY OR REQUIREMENT.

I REQUEST PERMISSION TO SELL AT MARKET OPERATED BY DINUBA FARMERS MARKET ASSOCIATION AS A VENDOR. I PRODUCE AND/OR GROW FRESH PRODUCTS MYSELF. I DO NOT BUY PRODUCTS AND RESELL THEM. I AGREE TO ABIDE BY THESE RULES, COOPERATE WITH MARKET MANAGEMENT AND PAY REQUIRED FEES

---

**Signature of participant**

---

**Date**

# COMMUNITY EVENT FOOD VENDOR APPLICATION FORM



## FORMULARIO DE SOLICITUD DE VENDEDOR DE ALIMENTOS PARA EVENTOS COMUNITARIOS

Each vendor is to return this fully completed application and the appropriate  
Health permit fee or permit copy to the event organizer  
*Cada vendedor debe devolver la solicitud completa y la costó apropiada del permiso  
de salud o copia de su permiso al organizador del evento*

EVENT INFORMATION INFORMACIÓN DEL EVENTO		
Name of Event: <i>Nombre del evento</i> Summer Night Lights / Dinuba's Farmers Markets		Date(s) of Event: <i>Fecha(s) del evento:</i> 5/23/25 to 6/27/25
Food Sales Start Time: <i>Hora de inicio de la venta de alimentos:</i> 5:00pm	Food Sales End Time: <i>Hora de finalización de las ventas de alimentos:</i> 8:00pm	
Ready for Inspection Date: <i>Listo para la fecha de inspección:</i> 5/23/25	Ready for Inspection Time: <i>Listo para el momento de la inspección:</i> 4:00pm	
Event Address/Location: <i>Dirección/ubicación del evento:</i> 289 South "L" Street / Entertainment Plaza Park		City: <i>Ciudad:</i> Dinuba
BOOTH INFORMATION INFORMACIÓN DEL PUESTO		
Booth Name: <i>Nombre del puesto:</i>		Booth Number: <i>Numero de puesto:</i>
Business Mailing Address: <i>Dirección postal comercial:</i>		City/State/Zip: <i>Cuidad/Estado/Código postal:</i>
Applicant Name: <i>Nombre del solicitante:</i>		Phone: <i>Teléfono:</i>
Email Address: <i>Dirección de correo electrónico:</i>		
EXISTING PERMIT HOLDERS: IDENTIFY YOUR TULARE COUNTY HEALTH PERMIT PROPIETARIO(S) DE PERMISO EXISTENTES: IDENTIFIQUE SU PERMISO DE SALUD DEL CONDADO DE TULARE		
Business Name: <i>Nombre del Negocio:</i>	Facility # <i>Instalación #</i> FA	Permit Expiration Date: <i>Fecha de caducidad del permiso:</i>
SELECT THE VENDOR PERMIT YOU ARE APPLYING FOR SELECCIONE EL PERMISO DE VENDEDOR QUE ESTÁ SOLICITANDO		
<b>Single Event Vendor:</b> <i>Vendedor de evento único:</i> <input type="checkbox"/> Low Risk <i>Riesgo bajo</i> \$35 <input type="checkbox"/> Moderate Risk <i>Riesgo moderado</i> \$70 <input type="checkbox"/> High Risk <i>Riesgo alto</i> \$105		<b>Multiple Event Annual Vendor:</b> <i>Vendedor anual de eventos múltiples:</i> <input type="checkbox"/> Low Risk <i>Riesgo bajo</i> \$48 <input type="checkbox"/> Moderate Risk <i>Riesgo moderado</i> \$209 <input type="checkbox"/> High Risk <i>Riesgo alto</i> \$393
<input type="checkbox"/> Veteran's Fee Exemption (complete and attach the Veteran's Exemption Affidavit Form & DD214 Form) <i>Exención de tarifas para veteranos (Complete y adjunte el formulario de declaración jurada de exención de veteranos y el formulario DD214)</i>		
FOOD OPERATION TYPE TIPO DE OPERACIÓN DE ALIMENTOS		
<input type="checkbox"/> Pre-packaged food (no sampling) <i>alimentos preenvasados (sin muestra)</i> <input type="checkbox"/> Pre-packaged (with sampling) <i>Preenvasado (con muestra)</i> <input type="checkbox"/> Food Demonstration <i>Demostración de alimentos</i> <input type="checkbox"/> Food Preparation <i>Preparación de alimentos</i> <input type="checkbox"/> Food booth operator is registered with IRS as a non-profit 501 (c) 1-10, or 19 organization (non-profit vendors do not require booth screen enclosure, and can use 3 warewash tubs in lieu of a warewash sink) <i>El operador del puesto de alimentos está registrado ante el IRS como una organización sin fines de lucro 501 (c) 1-10 o 19. (Los proveedores sin fines de lucro no requieren un puesto encerado y pueden usar 3 finas de lavado de vajilla en lugar de un fregadero)</i>		

<b>MENU (LIST ALL FOOD AND BEVERAGES)</b> <b>MENÚ (LISTA DE TODOS LOS ALIMENTOS Y BEBIDAS)</b>			
1.	2.		
3.	4.		
5.	6.		
<input type="checkbox"/> Check here if preparing ALL food inside the food booth on the day of the event. <i>Marque aquí si prepara TODA la comida dentro del puesto de comida el día del evento.</i>			
<input type="checkbox"/> Check here if storing and/or preparing any food at a commercial kitchen and fill out the Kitchen Authorization below. <i>Marque aquí si almacena y/o prepara algún alimento en una cocina comercial y complete la Autorización de cocina a continuación.</i>			
<b>COMMERCIAL KITCHEN AUTHORIZATION</b> <b>AUTORIZACIÓN DE COCINA COMERCIAL</b>			
Complete this section if you are going to prepare food ahead of time at an Environmental Health permitted kitchen. No food shall be prepared at home. <i>Complete esta sección si va a preparar alimentos con anticipación en una cocina permitida por el Departamento de Salud. No se permite preparar comida en casa.</i>			
The food vendor listed on this form has permission to use the commercial kitchen named below for preparing and storing food on the following dates: <i>El vendedor de alimentos nombrado en este formulario tiene permiso para utilizar la cocina comercial mencionada a continuación para preparar y almacenar alimentos en las siguientes fechas:</i>			
Business Name of Kitchen: <i>Nombre comercial de la cocina:</i>		Address Of Kitchen: <i>Dirección de la cocina:</i>	
City: <i>Ciudad:</i>	State: <i>Estado:</i>	Zip: <i>Código postal:</i>	Phone: <i>Teléfono:</i>
Facility # <i>Instalación #</i> <b>FA</b>	Type of Permit: <i>Tipo de permiso:</i>		Permit Expiration Date: <i>Fecha de vencimiento del permiso:</i>
Owner Signature: <i>Firma del propietario:</i>		Print Name: <i>Imprimir nombre:</i>	Date: <i>Fecha:</i>
If the commercial kitchen in which food preparation will take place is located outside of Tulare County, the Local Environmental Health Department must sign below authorizing use of the commercial kitchen and verifying the current permit. <i>Si la cocina comercial en la que se preparará la comida está ubicada fuera del condado de Tulare, el Departamento de Salud local debe firmar a continuación autorizando el uso de la cocina comercial y verificando un permiso vigente.</i>			
Signed by: Environmental Health Specialist		Print Name:	Date:
County of:			
<b>DECLARATION AND SIGNATURE</b> <b>DECLARACIÓN Y FIRMA</b>			
<u>I have read and understand the Tulare County Community Event Food Vendor Requirements attached to this application.</u> By signing this form, I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.			
<u>He leído y entiendo los requisitos para proveedores de alimentos para eventos comunitarios del condado de Tulare adjuntos a esta solicitud.</u> Al firmar este formulario, acepto cumplir con los requisitos mencionados anteriormente, que las tarifas no son reembolsables ni transferibles, y certifico, a mi leal saber y entender, que las declaraciones realizadas en este documento son verdaderas y correctas.			
Applicant Signature : _____ <i>Firma del solicitante</i>		Date: _____ <i>Fecha</i>	





City Manager's Office  
559/591-5904

Development Services  
559/591-5906

Parks & Community Services  
559/591-5940

City Attorney  
559/437-1770

Public Works Services  
559/591-5924

Fire/Ambulance Services  
559/591-5931

Administrative Services  
559/591-5900

Engineering Services  
559/591-5906

Police Services  
559/591-5914

The City of Dinuba Community Services Department would like to thank you for your participation with our 2025 Farmers Market/ Summer Night Lights event. As a vendor, there are a few requirements that need to be met in order to conduct business during this City sponsored event.

- The vendor shall staff, operate, manage, and provide all goods, services, and facilities offered in a first-class manner and comparable to other concessions/booths providing similar services.
- The Dinuba Community Services Department reserves the right to prohibit or change the sale of any item or service to ensure that the public receives proper service, and appropriate quality.
- The City of Dinuba is not responsible for any items lost, equipment that may not work or break down, any goods etc. During set – up, event, or clean up.
- If vendor does not sell out from all or majority of their goods, City of Dinuba will not be responsible for the difference.
- An experienced person shall be on the premises at all times while the concession is in operation.
- Following the event, the percent listed below will be donated to the City of Dinuba Community Services Department.
  - **15% for Food and Beverage**
  - **30% for Shaved Ice / Snow Cone**

By signing this contract, you agree to the terms and will conduct business during this City sponsored event.

X \_\_\_\_\_  
Vendor Signature Date

\_\_\_\_\_  
Business Name Phone

We thank you for your business.