



THE LAND OF GOSHEN COMMUNITY MARKET

VENDOR DOCUMENTATION

- From the Kitchen*
Vendors who do not grow their ingredients.
- From the Garden Kitchen*
Vendors who grow their ingredients. Must include Vendor Documentation for *From the Garden*.

Please fill in all applicable information. This form must be completed and submitted, along with copies of all certificates, before the Vendor may participate in the Market.

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Location of kitchen if not at this address: _____

- Home Kitchen
- Leased Inspected Kitchen
- Inspected Kitchen

Please provide copies:

Food Service Sanitation Permit
Permit # _____ Expiration Date: _____

Food Service Sanitation Managers License
ID # _____ Expiration Date: _____

My signature confirms that the above information is true and correct.

Signature: _____ **Date:** _____