



Kerman Farmers Market

2026 Vendor Application

DEADLINE: 1ST OF EACH MONTH

March – June 2026 / August—October 2026

3rd Wednesday of the Month

Setup Time: 3:00pm– 4:30pm | Event Time: 5:00-8:00pm

Market Location: Kerckhoff Park, 15061 W G Street, Kerman, CA 93630



Business/Organization Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

This year I/we plan to attend all dates or dates below (Please Check Box):

SPRING MARKET:

☐ March 18

☐ April 15

☐ May 20

☐ June 17

FALL MARKET:

☐ August 19

☐ September 9*

*2nd Wednesday due to Kerman Harvest Festival

☐ October 21

Cancellation Policy: Vendors are required to notify Kerman Farmers Market 72 hours in advance if unable to attend.
NO SHOWS WILL BE BILLED.

Select Appropriate Category & Describe Offerings

Please attach additional pages as needed.

☐ **Produce Stand** – Offering: _____

☐ **Arts & Crafts** – Offering: _____

☐ **Food & Beverage** – Offering: _____

☐ **Information/Education** – Offering: _____

To be considered for participation, you must submit the following:

- ☐ Vendor Application
- ☐ Waiver and Release of Claims
- ☐ Vendor Rules Agreement
- ☐ City of Kerman Special Event Permit Application
- ☐ Completed Fresno County Community Event Food Vendor application (if applicable)
- ☐ Food Handlers License (if applicable)
- ☐ Certificate of Insurance naming the City of Kerman as additional insured (if accepted to the market)

Kerman Farmers Market Vendor Fees

Vendor Category	Per Market Fee	Per Season Fee
Producer Vendor fee (up to 2 spaces)	Free	Free
Arts & Crafts & Prepared Food Vendor fee with current City of Kerman Business License	\$30/per market	\$90 Spring Season \$60 Fall Season
Arts & Crafts fee without current City of Kerman Business License	\$40/per market	\$120 Spring Season \$80 Fall Season
Prepared Food Vendor without current City of Kerman Business License	\$45/per market	\$135 Spring Season \$90 Fall Season
Information/Education Vendor	Free	Free

*Payment of fees are **required 10 days after Application approval or the Market Date – whichever comes first.***

Spaces Required: _____ 10' x 10' vendor space(s)

I/we agree to pay vendor fees as follows:

☐ **Per Market Price** (each market): \$ _____

OR

☐ **Spring Seasonal Price** (payment in full): \$ _____

☐ **Fall Seasonal Price** (payment in full): \$ _____

Total Amount Due: \$ _____

Make checks payable to the City of Kerman. All cash payments must be exact.

Payments may also be made online at [The City of Kerman Recreation Activities Portal](#) under the Vendor Fees tab.

Incomplete applications will NOT be reviewed and will be returned to the vendor to complete.

Submitting an application does not guarantee acceptance into Kerman Farmers Market. All applications will be reviewed and approved prior to participation. Factors that may affect approval include Space Available at the Market and specific vendor offerings, incomplete applications, and vendor history with Kerman Farmers Market.

Return Completed Vendor Packet to:

Email to: sbarrett@cityofkerman.org

or Mail to: City of Kerman, Attn. Farmers Market Manager 720 S. 8th Street, Kerman, CA 93630



WAIVER AND RELEASE OF CLAIMS

RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT

READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in the City of Kerman (hereinafter "CITY") Activity/Program/Event and related activities (hereinafter "ACTIVITY" or "ACTIVITIES") *the undersigned*, _____, *for and on behalf of himself/herself/itself and for his/her/its heirs, successors, assignees, personal representatives and next of kin* (hereinafter "RELEASOR") *acknowledges, appreciates, and agrees to the following:*

PARTICIPATION IN THE ACTIVITY IS/ARE HAZARDOUS ACTIVITIES. RISKS ASSOCIATED WITH THE ACTIVITY, INCLUDE, BUT ARE NOT LIMITED TO, PERSONAL PROPERTY DAMAGE OR LOSS; BODILY INJURY; PHYSICAL TRAUMA; SERIOUS INJURY; AGGRAVATION OF PRE-EXISTING CONDITIONS; HEAT STROKE; FAINTING; COLLAPSE; EXHAUSTION; PHYSICAL OR PSYCHOLOGICAL INJURY; PAIN; SUFFERING; ILLNESS; DISFIGUREMENT; PERMANENT DISABILITY; ECONOMIC LOSS; EMOTIONAL LOSS (hereinafter "**Inherent Risks**").

Such risks can arise in an incalculable variety of unforeseeable ways, some foreseeable ways may include the following: Serious injuries may occur by as a result of physical exertion that is beyond the participant's capabilities, including but not limited to, slipping, tripping or falling from both natural and manmade materials, uneven surfaces, divots, holes, etc.; exposure to and/or infection of toxins or allergens; and complications associated with exposure to weather conditions, such as, sun, rain, wind, hail, thunder, lightning, and other forces of the elements. Even though particular rules, safety equipment, and personal discipline may reduce the risk, they may still be inadequate to prevent serious accident, injury or death (hereinafter "**Hazards and Dangers**"). There is an increased risk of injury due to the nature of the activity may increase the risk of slipping, tripping, and falling on wet or uneven surface. Ingress and egress into an area of the activities may increase complications associated with weather conditions such as rain, wind, hail, thunder, lightning, and other forces of the elements. Therefore:

ASSUMPTION OF RISK: RELEASOR, KNOWINGLY AND FREELY ASSUMES ALL RISKS, both known and unknown, **EVEN IF ARISING FROM THE PASSIVE NEGLIGENCE OF THE CITY**, their officers, officials, agents, employees, volunteers, other participants, representatives, sponsors, owners and lessors of premises (hereinafter "**RELEASED PARTIES**") arising out of my participation in the **ACTIVITY**, including use of **RELEASED PARTIES'** related property and equipment. I assume full responsibility for my participation in activities which may leave me vulnerable to the risks, hazards, dangers and potential reckless actions of other participants and guests who may not have complete control over their actions or knowledge of the risks involved and hereby agree to accept all my inherent risks of property damage, personal injury or death.

WAIVER AND RELEASE. RELEASOR hereby **RELEASES AND HOLDS HARMLESS** to the fullest extent permitted by law the **RELEASED PARTIES** for any and all injury, disability, death, or loss or damage to person or property, arising from my participation in the **ACTIVITY**, including use of **RELEASED PARTIES'** related property and equipment, including any such claims which allege passive negligent acts or omissions of **RELEASED PARTIES** to the extent permitted by law.

INDEMNIFICATION. RELEASOR hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless **RELEASED PARTIES** from any and all claims, demands, lawsuits or causes of action, which are in any way connected with my participation in the **ACTIVITY**, related activities, my use of the **RELEASED PARTIES'** equipment or related premises, including any such claims which allege passive negligent acts or omissions of **RELEASED PARTIES** to the extent permitted by law. Should any of the **RELEASED PARTIES** be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. This means that I will pay all of those attorney's fees and costs myself.

SEVERABILITY. In the event that any provision contained within this Agreement is be deemed to be invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. It is the intent of the **PARTIES** that the **RELEASOR**, indemnify and hold harmless **RELEASED PARTIES** to the fullest extent permitted by law.

I attest that I have no known medical conditions or other conditions that could jeopardize my safety, or the safety of others while I participate in the **ACTIVITY**.

I also acknowledge that it is my responsibility to provide for any medical, disability, or other insurance to mitigate any costs that may incurred as a result of my participation in the **ACTIVITY**.

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF EIGHTEEN (18) OR OLDER AND HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND SIGNIFICANCE. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I am aware that this form will be reviewed and approved by the KFM Manager/Committee. Approval is not guaranteed. By signing below, vendor agrees to make payment upon market approval.

SIGNATURE OF PARTICIPANT

DATE





City of Kerman
850 S Madera Ave
Kerman, CA 93630
(559) 846-9385

2026 SPECIAL EVENT PERMIT APPLICATION

Company Name _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

ALL FEES ARE PAYABLE TO CITY OF Kerman

EVENT NAME: _____

_____ City of Kerman Special Event Permit Fee \$10.83 per day

_____ Public Dance w /o drinks or alcohol \$29.60 per day

_____ Public Dance w / drinks or alcohol \$38.14 per day

_____ Carnival Rides/Games/Food & Beverage Stands (Harvest Festival) \$178.10 per day

_____ Circus/Acrobatic Performance \$73.98 per day

_____ Circus-Jugglers/Magician/Rope Dancing/ \$21.07 per show

_____ Merry go Round/Horses Ride \$29.60 per day

_____ Concert Singers \$143.96 per day

_____ Trained Animals \$43.96 per day

_____ Astrologer/Fortune Teller/Spiritualist/Hypnotist \$91.05 per day

_____ Current Kerman Business License-Application Only-No Fees

_____ Non-Profit Organization Application Only-No Fees

Person to call in case of emergency _____

Phone _____

Describe item/service being sold _____

You are required to pay for a City of Kerman Temporary Business Permit unless you are a **non-profit organization** or current **City of Kerman Business License holder**.



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

COMMUNITY EVENT FOOD VENDOR APPLICATION

Directions: Each food booth operator/vendor must **complete and sign** this Community Event Food Vendor Application and return it to the **event organizer**. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

BOOTH / SPACE #

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Reinspection fees will be charged for multiple reinspections due to uncorrected violations.

EVENT	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION		5. HOURS OF OPERATION

VENDOR	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7a. NUMBER OF FOOD BOOTHS	
	7b. ARE YOU OPERATING FROM A MOBILE THAT IS CURRENTLY PERMITTED IN FRESNO COUNTY? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)			7c. IF YES TO 7B, THEN LIST LICENSE PLATE AND PERMIT NUMBER:	
	8a. PERSON WITH FOOD SAFETY TRAINING		8b. FOOD SAFETY CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card		8c. DATE ISSUED
	9. CONTACT PERSON		10. MAILING ADDRESS		11. CITY
	12. STATE	13. ZIP	14. PHONE		15. EMAIL

MENU	16. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)	
17. FOOD SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)		
18. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT		

UTENSIL SINKS	19 a. <input type="checkbox"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).		UTENSILS INCLUDE SPATULAS, TONGS, SPOONS OR SCOOPS, PANS, TRAYS, PITCHERS, PROBE THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD.
	b. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.		
	c. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.		
	IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK.		
IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.			
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Promotion, preservation and protection of the community's health

1221 Fulton Street / P.O. Box 11867 / Fresno, California 93775 / Phone (559) 600-3357 / FAX (559) 455-4646

The County of Fresno is an Equal Employment Opportunity Employer

Email: EnvironmentalHealth@fresnocountyca.gov ❖ www.co.fresno.ca.us ❖ www.fcdph.org

COMMUNITY EVENT FOOD VENDOR APPLICATION

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UTENSIL SINKS (cont'd)	21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?		
	22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)		
	1	2	3
	24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED. <input type="checkbox"/> TANK, GALLONS: _____ <input type="checkbox"/> MUNICIPAL WATER CONNECTION <input type="checkbox"/> OTHER: _____		
25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED. <input type="checkbox"/> WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS: _____ <input type="checkbox"/> MUNICIPAL SEWER <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> OTHER: _____			

BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS.

OFFSITE	26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?
	<input type="checkbox"/> YES Food preparation must be done in a retail or wholesale kitchen approved <u>by the county (Environmental Health office) or by the State government (CDPH, CDFA, etc.) or Federal government (USDA, FDA, etc.)</u> . The Commissary Authorization section below must be completed and signed by the owner/operator of the approved kitchen where food preparation will take place. <input type="checkbox"/> NO All food preparation will be done in the food booth at the event.

APPROVED KITCHEN AUTHORIZATION	TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.			
	27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:			
	28. BUSINESS NAME OF APPROVED KITCHEN		29. ADDRESS OF APPROVED KITCHEN	
	30. CITY	31. STATE	32. ZIP	33. PHONE
	34. OWNER/OPERATOR OF APPROVED KITCHEN	35a. PERMIT, LICENSE, OR REGISTRATION NUMBER:		35b. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.
	36a. SIGNED <i>Food Facility Owner, Operator or Authorized Representative</i>	36b. PRINT NAME	37. DATE	
	IF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE APPROVED KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.			
	38a. SIGNED <i>Environmental Health Specialist</i>	38b. PRINT NAME	39. DATE	
	40. COUNTY OF:			

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. **I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.**

41. SIGNED <i>Food Booth Owner/Operator</i>	42. DATE
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