

Downtown Harvest Market

What: **Downtown Harvest Market**

Where: **Court Street Square, San Bernardino** (between D and E streets in downtown)

Dates: **Wednesdays from May through October 2010**

Hours: **9:30 AM-1:30 PM.**, with set-up beginning at 8:30 a.m.

Why you should be there:

- 20,000 city, county, state, court and school district workers work within easy walking distance.
- For the first time, the downtown workforce will have the opportunity to purchase fresh produce, specialty food items for lunch, shop for hand-crafted items from local artists and enjoy day-time entertainment every Wednesday
- Entertainment includes: professional musicians, community and school dance and singing groups
- City-supported with advertising, fliers, posters and street banners

Certified Farmers

- Certified farmers will pay no vendor fees and only the customary 7% of sales commission as authorized by the USDA.
- Farmer parking adjacent to set-up site
- Ice provided during summer to keep produce fresh

Full-Menu Food Vendors

- Only \$60/week or \$240 for an entire month. Cash or cashiers checks payable to Patrons of the Roosevelt Bowl
- No commission collected on sales
- Must be self-contained units with San Bernardino City business registration and San Bernardino Co. health permit

Limited-Menu Food Vendors

- Only \$35/week or \$120 for an entire month (if prepaid). Cash or cashiers checks payable to Patrons of the Roosevelt Bowl
- No commission collected on sales
- Must be self-contained units with city business registration (\$24) and county health permit

Artists

- Only \$15/week or \$50 for an entire month (if prepaid). Cash or cashiers checks payable to Patrons of the Roosevelt Bowl
- No commission on sales
- No resale art allowed
- Free artist feature on Facebook fan page; mention on Harvest Market Twitter account
- Prime area to reach professional customers
- Must have city business registration.

Non-Profits

- No fee for informational displays
- Access to large number of professionals

Contact: Market Co-managers Tony or Gigi at 909-384-2981

Downtown Harvest Market

@ Court Street Square

City of San Bernardino, California

Wednesdays 9:30 a.m. to 1:30 p.m. May-October, 2010

Artist Registration

Name of Artist/Business _____

Mailing Address _____

Email Address _____

Phone _____

What is your contact preference? Phone Email

Business Address _____

Contact Person _____

Emergency Contact Information _____

Please list the kind of original art you will be selling at event:

Please call Market managers Tony or Gigi for pick 909 384-2981

Downtown Harvest Market

License and Permit Requirements

1.) **All vendors** must have a **City of San Bernardino Annual Business License** (\$24.00). The Downtown Harvest Market can accept fees on your behalf to file with the City Clerk. (Cash and money orders only).

If vendors prefer, they may obtain a license directly from the San Bernardino City Clerks office, located on the 2nd Floor of City Hall, 300 North D Street, San Bernardino CA 92418

General Information:	(909) 384-5002
Business Registration:	(909) 384-5302

2.) **Prepared Food Vendors** must also have a valid Health Permit from the **San Bernardino County Department of Environmental Health Services** and adhere to all Health Department regulations and standards.

Vendors must obtain this permit from:

San Bernardino County Government Center
385 North Arrowhead Ave
San Bernardino, Ca 92404
Phone (909) 884-4056

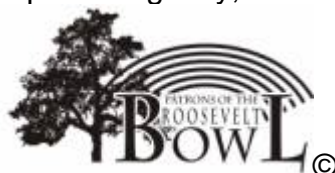
Vendors must display license and permit in conspicuous location at event

For additional information or assistance, please contact:

Downtown Harvest Market Managers: Tony Barber/Gigi Hanna
(909) 384-2981
(909) 882-9839

downtownharvestmarket@gmail.com

Downtown Harvest Market, managed by Patrons of the Roosevelt Bowl and co-sponsored by the City of San Bernardino Economic Development Agency, is a Certified Farmers Market.



CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE APPLICATION

NEW	RENEWAL	ACCOUNT NO.	CLASS	DATE STARTED	EXP. DATE	RETURN THIS FORM WITH YOUR REMITTANCE TO: CITY CLERK, P.O. BOX 1318 SAN BERNARDINO, CA 92402 OR CITY CLERK 300 NORTH "D" STREET 2ND FLR. SAN BERNARDINO, CA 92418 PHONE: (909) 384-5302 OR (909) 384-5035 FAX: (909) 384-5158																									
THE FOLLOWING IS PUBLIC INFORMATION:																															
DESCRIPTION OF BUSINESS/PRODUCTS SOLD						 COMPUTATION OF FEES: IS THIS A CHANGE IN OWNERSHIP OF A BUSINESS? ___ YES ___ NO																									
NAME OF OWNER (ATTACH SEPARATE SHEET FOR CORPORATE OFFICERS/PARTNERS)																															
NAME OF BUSINESS																															
LOCATION OF BUSINESS (CANNOT BE P.O. BOX)																															
MAILING ADDRESS																															
BUSINESS PHONE		STATE LIC. NO./EXP. DATE		STATE SALES TAX NO.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">FEE AMOUNT</th> </tr> </thead> <tbody> <tr> <td>GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PRIOR YEAR ADJUSTMENT:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>FLAT RATE:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF VEHICLES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF GAME OR VENDING MACHINES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PERMIT FEE: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PENALTY: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>EXT. ENF. FEE: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PROCESSING FEE: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL AMOUNT DUE:</td> <td style="text-align: center;">\$ 10.00</td> </tr> <tr> <td></td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>			FEE AMOUNT	GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS	\$ _____	PRIOR YEAR ADJUSTMENT:	\$ _____	FLAT RATE:	\$ _____	NUMBER OF VEHICLES: _____	\$ _____	NUMBER OF GAME OR VENDING MACHINES: _____	\$ _____	PERMIT FEE: _____	\$ _____	PENALTY: _____%	\$ _____	EXT. ENF. FEE: _____%	\$ _____	PROCESSING FEE: _____	\$ _____	TOTAL AMOUNT DUE:	\$ 10.00		\$ _____
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THE FOLLOWING IS CONFIDENTIAL INFORMATION:						STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).																									
RESIDENCE ADDRESS OF OWNER																															
HOME PHONE		DRIVER'S LIC. NO.		DATE OF BIRTH																											
TYPE OF BUSINESS:	<input type="checkbox"/> SOLE OWNERSHIP	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION																											
SOCIAL SECURITY #		PARTNERSHIP TAX I.D. #		CORPORATION I.D. #	STATE																										
EMPLOYER IDENTIFICATION NO.				<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	FOR CEASED OR SOLD BUSINESSES ONLY: I DECLARE, UNDER PENALTY OF PERJURY, DO HEREBY CERTIFY THAT THE BUSINESS AS STATED ABOVE IS ___ NO LONGER OPERATING IN THE CITY OF SAN BERNARDINO, ___ HAS CEASED OPERATION, OR ___ WAS SOLD ON THE ___ DAY OF ___, 20___ IN THE CITY OF SAN BERNARDINO. IN ADDITION, I UNDERSTAND THAT OPERATING A BUSINESS WITHOUT A VALID BUSINESS REGISTRATION CERTIFICATE (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.005) IS A MISDEMEANOR. (IF THE BUSINESS WAS SOLD, PLEASE PROVIDE THE DATE SOLD, NEW OWNER NAME, MAILING ADDRESS & TELEPHONE NUMBER.)																									

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.
(PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE.)

SIGNATURE (X) _____
 OWNER AUTHORIZED REPRESENTATIVE

FOR OFFICE USE ONLY

RECEIPT OF FEES COLLECTED: AMOUNT: \$ _____ CHECK#: _____ DATE: _____ BY: _____