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| **SAMPLE FARMERS’ MARKET VENDOR APPLICATION** | |

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Use this document as a template when developing the vendor application for your market. Italicized bullets are for your consideration and should be deleted in your final document.

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Home Phone |  |
| Last Name |  | Bus. Phone |  |
| Company Name |  | Cell Phone |  |
| Address |  | City |  |
| Province |  | Postal Code |  |
| Email |  | Web Site |  |

# Market Specifics

Market Dates:

* *List dates with checkboxes that you are open for the upcoming year to make it easier for vendors to select*

Indicate how many tables/stalls are required: .

* *Indicate charge per table/stall and if you offer a seasonal rate. Are fees expected to be submitted with application?*

Power required: Yes No

* *Could indicate additional charge for a power site*

# Product Description

* *Indicate that the market adheres to the 80/20 Rule as found in the Approved Farmers’ Market Guidelines.*
* *Add or delete categories as necessary.*

Check all categories that apply

|  |  |  |
| --- | --- | --- |
| ❑Produce | ❑Meat/Fish/Poultry | ❑Dairy |
| ❑Honey | ❑Eggs | ❑Other agricultural products |
| ❑Baking | ❑Preserves, Condiments, Dips, Sauces | ❑Candy |
| ❑Prepared foods/meals | ❑Other food products |  |
| ❑Knitting/Sewing | ❑Artwork | ❑Wood crafts |
| ❑Jewelry | ❑Pet crafts | ❑Other craft and artisan products |
| ❑Pet Food | ❑Cosmetics/Personal Beauty |  |

❑Commercial products (please explain)

* Commercial products include commercially available products as well as products that come from out-of-province, even if the seller is also the grower.

Provide a detailed description of all the items you intend to sell at the market. Products not listed on this form will not be allowed at the market. (Use a separate sheet if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Declaration

By my signature, I declare the information on this form to be complete and accurate and I agree to pay the rates as set out in this document. **I HAVE READ THE MARKET POLICIES PROVIDED TO ME WITH THIS APPLICATION FORM AND AGREE TO FOLLOW ALL RULES DESCRIBED THEREIN AS WELL AS TO MAKE EVERY EFFORT TO BE IN FULL COMPLIANCE WITH ALL APPLICABLE FEDERAL AND PROVINCIAL LEGISLATION.** I understand that not all applicants are granted space at the farmers’ market and that it is the right and responsibility of the farmers’ market to decide allocation of space.

Notice of Collection: The personal information collected on this form will be used to manage the farmers’ market and will only be shared with those individuals responsible for managing/sponsoring the market as well as with the Farmers’ Market Specialist with Alberta Agriculture, Forestry and Rural Economic Development. If you have any questions about the collection and use of your information, please contact the Market Manager at xxx-xxx-xxxx.

Signature of Applicant: Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Indicate if your market charges an application fee or annual market membership fee and if they need to be included with the application*
* *Indicate if vendors need to complete an application annually*

Fully completed applications may be sent to:

Insert Mailing address

For inquiries please call Market Manager at xxx-xxx-xxxx or email \_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees Received with Application: