



APPLICATION FORM

- Make It Bake It Grow It
 Returning Vender New Vender

Name of Vendor(s): _____

Business Name: _____
(if applicable)

Mailing Address: _____

Phone Number(s): _____

Fax or Email: _____

I/We agree that the PG Farmers' Market may use my information for market communications only.

Please specify individually all items you intend to sell at the Market. Approval to participate in the Market will not be given unless full details are provided. Only the items you list below and which are approved may be sold in the Market. Any items added later must go through the Approval Process prior to being displayed for sale.

I have read the PG Farmers' Market Rules & Regulations for Vendors and I agree to abide by all Regulations as stated.

Vendor Signature: _____ **Date:** _____

If your application form is accepted and you intend to vend, you will be required to set up at the Market for a probationary period of two times. A review will be made during that period. If you are then approved as a vendor, your Membership Fee will become due and payable before you can vend again.

Potential Food Vendors must submit a copy of your Food Safe Certificate and any other documents required by Northern Health or the Market Manager along with this application form.

OFFICE USE ONLY

Approved: Yes

Payment: Cheque # _____

Date: _____

: No

: Cash

Initial: _____