

Kingsville Farmers' Market
2016-2017
Vendor Application

.....
***Personal Name:** _____

Business Name: _____

Mailing Address: _____

***Telephone:** 1) _____ 2) _____

***Email:** _____ **Website:** _____

Which category best suits your booth?

- Farm Product Prepared Food Artisan / Craft Community Booth

1. Do you make, bake or grow your product or have a service to offer on-site at the market? Yes No
2. Have you previously been a vendor at any Farmers' Market? Yes No
3. Do you operate as a storefront? Yes No
4. Will your booth require a source of electricity? Yes No If yes, how much? ____amps
5. List all products you wish to sell at the Market. Please be complete and concise.

PAYMENT

PREPARED FOOD, ARTS, CRAFTS & ON-SITE SERVICE VENDORS & FARM VENDORS

\$20.00 Charge to rent space per week for full time vendor payable on each Saturday. If you do not attend you must still pay for your rent.

\$22.50 Charge to rent space per week for elective vendor (6 week minimum)

\$25.00 Charge to rent space for one time vendor.

PLUS

2016 Annual Membership Fee = \$ 20.00

***Membership is required, though booth fee may be waived for non-profit community booths**

Elective Vendors (6 week minimum)

Elective Vendors, please indicate the 2016 dates you wish to attend. Please adhere to dates on schedule indicated. No exceptions or alternate dates will be allowed.

____ May 14	____ May 21	____ May 28	____ Jun 4	____ Jun 11
____ Jun 18	____ Jun 25	____ Jul 2	____ Jul 9	____ Jul 16
____ Jul 23	____ Jul 30	____ Aug 6	____ Aug 13	____ Aug 20
____ Aug 27	____ Sept 3	____ Sep 10	____ Sep 17	____ Sep 24
____ Oct 1	____ Oct 8	____ Oct 15	____ Oct 22	____ Oct 29
____ Nov 5	____ Nov 12	____ Nov 19	____ Nov 26	____ Dec 3
____ Dec 10	____ Dec 17	____ Dec 24		

Notes regarding payment:

- 1) Payment due in full before setup on your first market date unless you are a full time vendor.
- 2) Cheques or Money Orders should be made payable to: Kingsville Farmers' Market
- 3) NSF charges are \$20 per cheque

Send completed application with payment in full to Cheryl Scorrar 519-971-2246
36 Pulford Av, Leamington, N8H 2J6
Inquires may be sent by email to:
fragranceforyourhome@yahoo.ca

I confirm that the information provided in my application is, to the best of my knowledge, true and accurate and that I agree to represent my products at the Community Farmers' Market in accordance with the Policies & Procedures, Rules & Regulations for the 2016/2017 Market Season.

*I have read, and am familiar with, the Community Farmers' Market Association Rules **and Regulations** that is included with this application.*

Name: _____ Date: _____

Signature: _____