

Kingsville Farmers' Market 28 Division Rd S Kingsville

Community Booth Application 2016

Name of Organization: _____

Contact Name: _____

Telephone: 1) _____ 2) _____

Email: _____ Website: _____

1. Is your organization non-profit? Yes No
2. Where is your organization based out of? _____
3. Who are the prime beneficiaries of your organization?

4. What is your primary intention in having a booth at the Farmers' Market?

5. Would you like to sell, hand out, or offer any onsite services at the Market? Yes No
If yes, please provide further details of the items or service:

6. Does your booth require electrical power? Yes No
 - If yes, how much power is required? _____ For what? _____
 - Do you have a generator or independent power source? Yes No

****Please note that power is extremely limited at our market**

The Farmers' Market runs from 8:30am –1:30pm, every Saturday, from May 23rd to Oct. 24th

MARKET DATES ~ 2016 Circle all the dates you are applying for:

May		14	21	28	
June	4	11	18	25	
July	2	9	16	23	30
August	6	13	20	27	
September	3	10	17	24	
October	1	8	15	22	29
November	5	12	19	26	
December	3	10	17	24	

*** We have a limit of 2 community booths per market, so feel free to number the dates requested as priority.

Community booths are required to pay the market membership fee of \$20, though will have their daily booth fees waived. The membership includes your booth in our market insurance policy and allows you to vote at our AGM.

Annual Membership Fee = \$ 20.00

Total Owing & Enclosed = _____

Notes regarding payment:

1. Enclose payment with the application..
2. Payment may be made by cheque, cash, money order
3. If your application is not accepted funds will be returned.
4. Cheques or Money Orders should be made payable to **"Kingsville Farmers' Market"**
5. NSF charges are \$20 per cheque
6. Do not mail cash; this option is intended only for applications that are hand delivered.
7. Receipts will be issued on the first market day that vendors are present.

Send completed application with payment in full to:

Cheryl Scorrar
36 Pulford Av
Leamington ON, N8H 2J6
fragranceforyourhome@yahoo.ca
519-971-2246

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 Kingsville Farmers' Market in accordance with the Guidelines and Regulations for the 2016 Market Season.

*I have read, and am familiar with, the Kingsville Farmers' Market **Rules & Regulations , Policies & Procedures***

Name: _____ Date: _____

Signature: _____