



# PELHAM FARMERS' MARKET

Recreation, Culture & Wellness  
20 Pelham Town Square, Box 400 Fonthill, ON L0S 1E0  
Tel: 905-892-2607, ext 341 jhendriks@pelham.ca

Please return this page as part of your application package

**\*APPLICATIONS MUST BE RETURNED TO THE ABOVE ADDRESS BY MARCH 1, 2018**

## 2018 VENDOR APPLICATION

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate if you have a commercial store front: \_\_\_\_\_

**Produce/Products** – Please list all items to be sold. **Note: You will not be permitted to sell any item that is not listed herein.**

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

### FARM PRODUCE ONLY

Percentage of sales grown by: self \_\_\_\_\_ %; by others in Ontario: \_\_\_\_\_ %; outside of Ontario: \_\_\_\_\_ %. Vendors MAY NOT allocate or sublet portions of their space to other growers for the purpose of selling goods, without express consent of the Pelham Farmers' Market Committee.

### PLEASE INDICATE WHAT SIZE OF VEHICLE YOU WILL BE BRINGING TO THE MARKET



Cube Van



Panel Van



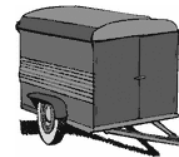
Mini Van



Pick Up Truck



Car



Trailer

### Particulars of Vehicle:

Model: \_\_\_\_\_ Type: \_\_\_\_\_ License #: \_\_\_\_\_

### SIZE OF VEHICLE MAY DETERMINE SPACE ALLOCATION

*NOTE: The Market Clerk reserves the right to allocate final space locations.*

**NOTE:** Each vendor is required to have a sign stating their name and address on the front of their vehicle.

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### FEE SCHEDULE

Please fill out appropriate choice. Payment must be made in full with this application.

**Please make all cheques payable to the Pelham Farmers' Market.**

**OPTION #1 – FULL SEASON**

May 3, 2018 – October 4, 2018

Start date, if not May 3 \_\_\_\_\_

If you **do not** plan on attending the Market every week please indicate below which dates you **will** attend

Choose from the following:

May					June				July				August					September				Oct
3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	4

\* **NOTE:** On dates that you indicate you will **NOT** be attending, your stall will be assigned to a weekly vendor \*

	NO. OF STALLS REQUIRED	FEE PER STALL	TOTAL FEE
<b>Season</b>		<b>\$200.00</b>	

**OPTION #2 – WEEKLY**

In an effort to plan ahead please indicate below which week/s you would be willing to attend the market on a weekly basis – the Market Clerk will be in contact with you to confirm what date/s your application has been accepted for. Preferred dates:

May					June				July				August					September				Oct
3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	4

	NO. OF WEEKS	FEE PER WEEK	TOTAL FEE
<b>Weekly</b>		<b>\$30.00</b>	

I/We acknowledge and I/we shall be responsible for our actions of all those allowed or invited to the facility while we are entitled to use it, and I/we hereby release the Town of Pelham, its agents and employees from all manner of action, causes of action, suits, losses, damages or injuries caused by negligence or otherwise, (whether brought by me/us or any other person) arising out of my use of the facility and I/we also hereby indemnify the said Town, its employees or agents for any losses or damages sustained by me/us or any other person as a result of such actions or proceedings being commenced against them by myself/ourselves of any other such person.

**INSURANCE REQUIREMENTS:** Each vendor with a commercial store front must be covered by a liability insurance policy in the amount of \$2 million and provide the Pelham Farmers Market with a Certificate of Insurance naming the “Pelham Farmers Market” as an additional insured with 30 days’ notice of cancellation or non-renewal. If you do not currently have such coverage please check with your insurance provider.

I have read, understand additional insured and agree to abide by and be subject to the Pelham Farmers’ Market Policies and Procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_