

# Port Perry Farmers' Market - Vendor Application 2019

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

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Ontario Farm Registration No. (if applicable) \_\_\_\_\_

**Sales area required** (please  $\checkmark$ ): 10'  20'  30'

Full season of 20 weeks @ \$299.00 per Sales Area (10' X 10')	
Each additional Sales Area (10' x 10') @ \$100.00 per season	
5 weeks (Seasonal) @ \$105.00 per Sales Area	
Daily Rentals ( max. 4) \$25.00	
Annual Membership Fee (mandatory for Full Season, optional for others) \$15	
Hydro Required	
Total	

List specific items to be sold (use back of form if necessary):

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

Vendors agree to abide by the PPFM Vendor Handbook and accompanying rules and regulations. Should any questions arise that are not provided for in the PPFM Vendor Handbook, the decision of the Vendor Approval Committee shall be final in all cases. As part of your application, please sign below, and return the original with payment attached to: Port Perry Farmers' Market, c/o Elizabeth Werner 358 Sexton Street, Port Perry, ON L9L 1E6. **Full payment due with completed application.** Make cheques payable to the Port Perry Farmers' Market. E-transfers are acceptable. Applications are to be returned by March 16<sup>th</sup>. An insurance certificate for 2 million liability naming the PPFM and the Township of Scugog is to be provided with each applicable application.

**I have read and will comply with the PPFM Vendor Handbook**

Signature of Market Vendor(s) \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE MARKET**

Products Approved: _____ _____ _____	_____ Jury Signature
Date Application Rec'd: _____ Payments: _____	