

## Port Perry Lakefront Market - 2024 Vendor Application

<b>Name of Business:</b>	
<b>Contact Name(s):</b>	
<b>Complete Mailing Address including Postal Code:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	
<b>Website:</b>	
<b>Facebook:</b>	
<b>Instagram:</b>	
<b>Farm Registration No:</b>	
<p><b>Business Background:</b> (Describe your business and list all products to be sold. Attach an additional page if required. <b>Please note that 70% of all products to be sold must be grown or hand-crafted by the Vendor.</b> If the description of your business and a list of the products to be sold are not provided, the only information that will appear on our social media pages will be your company name and contact info.</p>	

2024 Fee Schedule	Amount
<b>Full Time Vendor:</b> (May 11 - Oct. 12/24 - 23 weeks @ \$335 for a 10'X10' booth )	
<b>Additional Booth Space(s):</b> (\$100 for each additional 10'X10' space to a max of 3)	
<b>Part-Time Vendor:</b> (Max of 5 <b>consecutive</b> weeks @ \$160 for a 10'x10' booth)	
<b>Start Date:</b>	
<b>Pop-Up Vendor:</b> (\$40 per day for a 10'x10' booth)	
<b>List Preferred Dates:</b>	
<b>Do you require hydro?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Total</b>

**Liability Insurance:**

The Port Perry Lakefront Market, its' Board of Directors, Vendors, and the Township of Scugog are covered by a public liability insurance policy with Farmers Markets Ontario. Although not required, Vendors may wish to obtain their own additional insurance policy.

**Submission Requirements:**

- Complete and sign the Application
- Payment in Full (**Fees are Non-Refundable except where applications are not approved or where Vendor specific dates cannot be accommodated.**) A \$50 Administrative Fee will be applied for NSF Cheques.

**Payment Methods:**

- E-Transfer to [portperryfarmersmarket@gmail.com](mailto:portperryfarmersmarket@gmail.com) OR
- A cheque payable to the Port Perry Farmers' Market

**Deadline for Submission:** March 31, 2024

**Email the signed application and E-transfer full payment to:**

[portperryfarmersmarket@gmail.com](mailto:portperryfarmersmarket@gmail.com)

**OR** mail the application and cheque to: Port Perry Lakefront Market  
% Diane Knutson, Secretary/Treasurer  
156 Alva Street, Port Perry, ON L9L 1E8

I/We the undersigned have read and shall comply with the Port Perry Lakefront Market Vendor's Handbook and all regulatory requirements. **I/We acknowledge that my/our tent shall have adequate weights attached to each tent support. Failure to do so shall result in the removal of the tent and/or dismissal of the Vendor.** All decisions of the Board of Directors shall be final.

\_\_\_\_\_  
**Signature(s) of Vendor(s)**

\_\_\_\_\_  
**Date**

**Office Use Only**

**Date Application Received:** \_\_\_\_\_

**Returning Vendor:** Approved  Denied  **Full-Time**  **Part-Time**  **Pop-Up**

**New Vendor:** Approved  Denied  **Full-Time**  **Part-Time**  **Pop-Up**

**Amount Received:** \_\_\_\_\_ **Method of Payment:** \_\_\_\_\_

**E-Transfer Confirmation #** \_\_\_\_\_ **PPLM Receipt #** \_\_\_\_\_