

Port Perry Lakefront Farmers' Market - 2022 Vendor Application

Name of Business:	
Contact Name(s):	
Complete Mailing Address including Postal Code:	
Telephone:	
Email Address:	
Website:	
Facebook:	
Instagram:	
Farm Registration No:	
<p>Business Background: (Describe your business and list all products to be sold. Attach an additional page if required. Please note that 70% of all products to be sold must be grown or hand-crafted by the Vendor. 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>	

2022 Fee Schedule	Amount
Full Season Vendor: (May 21 - Oct. 8/22 - 21 weeks @ \$335 per 10'X10' booth/stall)	
Additional Sales Area(s): (\$100 per each additional 10'X10' space to a max of three)	
Part Season Vendor: (Maximum 5 consecutive weeks @ \$160 per 10'x10' booth/stall)	
Start Date:	
Weekly Vendor: (Maximum 4 dates @ \$160 per 10'x10' booth/stall)	
List Preferred Dates:	
Total	

Liability Insurance:

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

Submission Requirements:

- Complete and sign 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
- A cheque payable to the Port Perry Farmers' Market

Deadline for Submission: March 31, 2022

Email the signed application and E-transfer full payment to: portperryfarmersmarket@gmail.ca

OR mail the application to: Port Perry Lakefront Farmers' Market
c/o Diane Knutson, Treasurer
156 Alva Street, Port Perry, ON L9L 1E8

I/We the undersigned have read and shall comply with the Port Perry Farmers' Market Vendor's Handbook and all regulatory requirements. **I/We acknowledge that every 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 Season	Part Season	Weekly
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New Vendor:	Approved	Denied	Full Season	Part Season	Weekly
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Amount Received: _____ **Method of Payment:** _____

E-Transfer Confirmation # _____ **PPFM Receipt #** _____