

# Waterdown Farmers' Market – Application 2017

Location: Royal Canadian Legion, 79 Hamilton St. N., Waterdown ON, LOR 2H0

Hours of Operation: May to October, Saturdays 8am to 1pm

<u>farmersmarket@waterdownfarmersmarket.ca</u> <u>www.waterdownfarmersmarket.ca</u>

Farm	/Business Name:			Owner:		
Best	# to reach you:			Email:		
Locat	ion of Business:			Website:		
Location Where Food is grown if different from above:			ove:		l	
List your Social Media sites:						
-						
Stall Sitters (Names and Contact Info):						
Emergency Contact Person:					h/-\2	
Do you sell at other Farmers' Markets?: YES NO If Yes, which one(s)?						
Vendors must have liability insurance for their business. Please list your insurance information.						ormation.
Name	e of Insurer:		Po	olicy#		
Processed products must be prepared in a public health approved commercial kitchen. Please indicate the location of the approved kitchen where your products are processed:						
(please attach a copy of your inspection pass/documentation)						
Please check the box(es) and provide registration/license #s as applicable to you:						
	Farmer (Farm Registration #):					Organic Practices
	Business Owner (License #)					My Pick®Verification
	Certified Organic (Registration #):					Local Food Plus (LFP)
	Other:					Bio-Dynamic
stand	he Products that you wish to sell at the The market reserves the right to inspec origin. Please include additional docume	t an appli	cant's farms.	For prepared		ere will not be permitted on your

**Describe farming/business practices:** Please circle any of the following that apply to your farming practices, even partially or if you are working towards these goals. As outlined in our policies: The Waterdown Farmers' Market supports local, ecological and sustainable food products and producers. [Fair Trade / Bio-dynamic / Organic practices/ Certified Organic / compost / vermicompost / Integrated Pest Management / On-site honey bee pollinators / Free Range / Pasture fed / Antibiotic Free / Solar Powered / wind powered / permaculture practices / crop rotation / pesticide free / herbicide free / synthetic fertilizer free / water conscious practices (no irrigation)]. (See document 'What's In A Label' for further definitions

Describe Your Farms' Story:

## **FEE SCHEDULE** (per single 8' x 8' stall, tent and table included):

Annual Registration Fee = \$25

Full Season: \$25/week x (21 market days) = \$525

• Half Season: \$30/week x (11 market days) = \$330

Occasional Attendance: \$35/week

• Electricity (if required): \$2/week

## 2017 Market Season Dates

May 27

June 3, 10, 17, 24

July 1, 8, 15, 22, 29

August 5, 12, 19, 26

September 2, 9, 16, 23, 30

October 7, 14

## Please indicate what you are applying for and circle the Saturdays you would like to attend.

Two cheques are due at time of application. Please submit annual registration fee of \$25 (non-refundable), plus a separate cheque for your total stall fee (this will be cashed if/when your application is accepted).

Fee Rate	Stall Rate	X # of stalls (r	nax 2)	+ Electricity (if required) (\$2/week)	TOTAL STALL FEE	
Full Season	\$525					
Half Season	\$330					
Occasional (# of weeks)	\$35 x # wks					
Annual Registration Fee (non-refundable), due at time of appl				ո։	\$25	
	r vehicle at your stall: ` nitations, not all stalls will ha		If ye	If yes, what size is your vehicle:		
Will you be sharing your stall: YES NO			If ye	If yes, name of partner:		
If you require elect	ricity, what wattage/am	ps do you need:				

# Please make cheques payable to: Waterdown BIA – Farmers' Market PO Box 954, Waterdown, ON LOR 2 HO

(No post-dated Registration Fees)
All vendors must pay ALL fees before being able to stand at the market.

I/We have read and agree to abide by the Waterdown Farmers' Market Policies as amended. I/ We authorize my/our name(s) to be printed on the Waterdown Farmers' Market vendor list, website and other electronic media. I/We also authorize the use of any images of me/us pursuing our Waterdown Farmers' Market activities in any promotional material.								
SIGNATURE	_ Date:							
Applicant's Name (Please Print)								