

**ADJALA-TOSORONTIO FARMERS’ MARKET VENDOR APPLICATION FORM 2021**

# themarket@adjtos.ca

**THIS IS A FRIDAY AFTERNOON (3pm to 7pm) RAIN OR SHINE MARKET CATEGORY TYPE**

Type of category you are applying for:

* Grower/Farmer/Primary Producer
* Baker/Prepared Foods/Secondary Producer
* Artisan/Artist/Crafter
* Community Table/Public Service Vendor
* Unique Vendor
* Resale

**Primary Producer** – Farmer or grower who incurs the cost of planting a crop or raising livestock. Includes farmers of vegetables, herbs, fruit, meat, dairy, eggs, honey, maple syrup, flowers, mushrooms, etc., on a farm or land owned or rented by the local vendor (160km radius). Meat, eggs, cheese, syrup and honey must comply with provincial regulations. Must produce/grow 70% of their wares. The remainder must be clearly marked.

**Secondary Producer** – Are food/drink artisans. Use of a primary product to create a secondary product. Includes sellers of value-added products such as jams, pickles, baked goods, ready to eat items, from primarily Ontario grown produce.

**Artisan/Artist** – Makers of hand-crafted non-food items. Crafting products 100% locally produced (160km radius).

**Community Table** – Vendor invited by the market for the purpose of local fundraising or knowledge.

**Unique Vendor** – Something not found within our boundaries but of interest to the local population.

**Resale** – purchasing a product/produce and reselling for profit. This requires special permission and must be displayed as such at the market for transparency.

# APPLICANT INFORMATION

**Business Name: Farm Number**: **Owner/Applicant:**

1. **mail: Mailing Address**: \_ **Primary form of contact (home phone/cell/e-mail)**: **Secondary form of contact (home phone/cell/e-mail)**: **Website**: **Facebook**: **Vehicle Make**: **Colour**: **Lic Plate**: **Large Vehicle Emergency contact**: **Phone**:

# I’M APPLYING AS

* + Full-time Vendor
	+ Part-time Vendor

*The word “Vendor” shall be understood to represent any approved Farmers’ Market member who is selling a product or service and has rented a stall at the Adjala-Tosorontio Market.*

# BUSINESS INFORMATION

**Check all that apply to your business -**

* + I grow 70% to 100% of the produce I plan to sell
	+ I bake/can products from my home grown produce
	+ I bake/can locally grown produce
	+ My baking/canning/food preparation is done in a commercial kitchen (Please provide a copy of inspection)
	+ Food truck (Please provide a copy of your TSSA – annual inspection certificate)
	+ I use a certified kitchen to produce All of the foods that I sell (date of last inspection)
	+ I do NOT use a certified kitchen to produce any of the foods that I sell
	+ My crafts are 100% made by me
	+ My eggs are graded\* Egg Grading Station #
	+ My meat is processed by an inspected abattoir or butcher (Provide a copy of the meat processing invoice)
	+ I am registered with the artisanal chicken program #
	+ I have a food handler certificate (Please provide a copy)
	+ I do not resell anything

*\*all vendors selling eggs must provide the number of the Egg Grading Station registered under the Canada Agricultural Products Act.*

List all other locations where your products are sold:

List the name and contact information for each person who will be working in your booth:

Name: Name: Name:

Phone #: Phone #: Phone #:

# YOUR PRODUCTS

Please list all products you wish to sell even if you may not sell them on a regular basis. If you offer varieties of the same product then list all of them. Ie. Instead of writing “Jams/Preserves”, please list each type of jam and preserve. Instead of writing “baked goods”, list each item. Attach additional pages if necessary.

All vendors selling food MUST adhere to public health standards.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Resale?** | **Approved** |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |
|  |  | Y/N | Y/N |

\*No Vendor shall sell anything other than what is listed on their **approved** application form. Vendors who wish to add additional items to their approved list must contact the Market team in writing two weeks prior to the market date. This allows time for any approval process.

\*\*All Vendors are responsible for obtaining and paying for any permits, licenses or other approvals as deemed necessary for the operation of their business. Vendors are to comply with all laws in respect to every aspect of their production, sales, labeling, tax collection and operation.

# APPLICATION FOR RESALE

I am applying to resell the following produce/products. Give a short explanation of why we should allow the item.

|  |  |
| --- | --- |
| **PRODUCT** | **REASON** |
|  |  |
|  |  |
|  |  |
|  |  |

# PRODUCT ORIGIN SIGNAGE

The market believes that customers have a right to transparency as to the products they are purchasing. All signage must be legible and clearly identify the origins of your products. Use of these signs is required by the market.

I agree to display the appropriate signage for my product (**please initial**)

# PART-TIME APPLICATIONS

*Please indicate your requested dates.*

|  |  |
| --- | --- |
| **SELECTION IN ORDER OF CHOICE** | **DATES AVAILABLE** |
|  | June 4, 2021 |
|  | June 18, 2021 |
|  | July 2, 2021 |
|  | July 16, 2021 |
|  | July 30, 2021 |
|  | August 13, 2021 |
|  | August 27, 2021 |
|  | September 10, 2021 |
|  | September 24, 2021 |
|  | October 8, 2021 |

**FEES/PER STALL (NO REFUNDS) Full-time**: (10 Fridays) - $180.00 for the season – a space fit for a 10ft x 10ft canopy (display area) – assigned to a semi-permanent spot for the 2021 year.

***Canopy is the vendors own (not supplied by the township).***

**Part-time**: (per Friday) - $20.00 per market – space as above – assigned on a weekly basis

|  |
| --- |
| **OPTIONS** |
|  |  |  |
| **Please check your preference** | Part-time | Full-time |
| **Spaces required** | 1 | 1 or 2 |
|  |  |  |

\*Vendors are not guaranteed the number of stalls they apply for, or a particular location in the market. Allocation of space depends on availability, the optimal mix and what best serves the markets customers.

**Please DO NOT remit any payment with the application. An Invoice will be issued when the application is approved. Payment must then be received by no later than May 24, 2021. Payments by cheque are to be made out to: Corporation of the Township of Adjala-Tosorontio.**

# INSURANCE

* My business has Commercial Liability Insurance that covers me at the Adj-Tos Farmers’ Market (please provide a copy)
* I have Exhibitor Insurance (please provide a copy)
* I have Farm Insurance (please provide a copy)
* I need insurance coverage for the Farmers’ Market (an additional $10.00 per market day)

# \*Insurance is required. WAIVER:

As a Vendor at the Adjala-Tosorontio Farmers’ Market, I hold free and harmless the Directors, Managers, Employees, Agents, and volunteers, along with the Municipality of Adjala- Tosorontio, from any and all actions, claims, liabilities, and/or assertion of liability which in any manner may arise or be alleged to arises from any and all activities concerned directly or approximately with the Adjala-Tosorontio Farmers’ Market whether such action, claim, or liability resulted directly or indirectly from the negligent acts or omission of said persons or others connected with the Adjala-Tosorontio Farmers’ Market.

Signature of Applicant Signature of Witness

Date: Date:

# APPLICATION SUBMISSION:

The applicant confirms full understanding of, and agreement to, the terms on this application, understands the definitions, and has read and will comply with the Bylaws, Rules and Regulations found on the Adjala-Tosorontio Farmers’ Market website.

Name of Applicant

# Signature of Applicant Signature of Witness

Date: Date:

**For Market Management Use Only**

**Requires Interview: YES NO Requires a site visit: YES NO Application Approved: YES NO DATE:**

**Amount to invoice:**