

High Level Farmers' Market

2016 Vendor Application

First Name: _____ Home Phone: _____

Last Name: _____ Bus. Phone: _____

Company Name: _____ Cell Phone: _____

Mailing Address: _____ Fax Number: _____

Town: _____ Email: _____

Province: _____ Postal Code: _____ Website: _____

Market Specifics

Stall Rates: \$15/week Adult \$5.00/week Youth \$180.00/Season
(Youth Rate for 17 & under)

Market Dates:

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> July 08 | <input type="checkbox"/> Aug 12 | <input type="checkbox"/> Sept 16 |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> Aug 19 | <input type="checkbox"/> Sept 23 |
| <input type="checkbox"/> July 22 | <input type="checkbox"/> Aug 26 | <input type="checkbox"/> Sept 30 |
| <input type="checkbox"/> July 29 | <input type="checkbox"/> Sept 02 | |
| <input type="checkbox"/> Aug 05 | <input type="checkbox"/> Sept 09 | |

Number of Tables Requested: _____

Product Description

Check all categories that apply (Please note that ALL products must be made, baked or grown in Alberta, unless you have special permission from the Advisory Committee):

- | | | |
|---|---|--|
| <input type="checkbox"/> Garden Produce | <input type="checkbox"/> Preserves, Sauces,
Condiments, Dips | <input type="checkbox"/> Cosmetics/ Personal
Beauty |
| <input type="checkbox"/> Greenhouse Produce | <input type="checkbox"/> Candy | <input type="checkbox"/> Pet Crafts |
| <input type="checkbox"/> Meat/Fish/Poultry | <input type="checkbox"/> Other Food Products | <input type="checkbox"/> Artwork |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Knitting/Sewing | <input type="checkbox"/> Other Craft and Artisan
Products |
| <input type="checkbox"/> Other Agricultural
Products | <input type="checkbox"/> Wood Crafts | |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Jewellery | |

Provide a detailed description of all the items you intend to sell at the market. Products not listed on this form will not be allowed at the market. (Use a separate sheet if needed).

Where is your product available? List other Markets, consignments, retail, wholesale, etc.:

Declaration

By my signature, I declare the information on this form to be complete and accurate and I agree to pay the rates as set out in this document. **I HAVE READ THE MARKET POLICIES PROVIDED TO ME WITH THIS APPLICATION AND AGREE TO FOLLOW ALL REGULATIONS DESCRIBED THEREIN.** I understand that not all applicants are granted space at the Farmers' Market and that it is the right and responsibility of the Farmers' Market Manager to decide allocation of space.

Signature of Applicant: _____ Date: _____

Fully completed applications can be sent to:

High Level Farmers' Market
Box 3484
High Level, AB
T0H 1Z0

Email: hlfarmersmarket@gmail.com

(Please make cheques payable to: High Level Farmers' Market)

For inquiries please call: Matthew Marcone, Market Manager @ 780-247-1625

For Office Use Only
Date Application Received: _____
Date Approved/Denied: _____
Reason for Denial: _____
