

## Owen Sound District Farmer's Market Vendor's Association

## **DAILY VENDOR APPLICATION**

NAME	1	BUSINESS NAME	
ADDRESS			
PHONE			
EMAIL (please print clearly)		1	
PRODUCT CLASS			
Produce + Plants	Animal products + meat	Baking + prepared food	
Handmade crafts	Specialty + other		
I <b>PRODUCE</b> MY PRODUCTS	I AM A <b>dist</b>	RIBUTOR	
you grow the vegetables, you make Directors may require some validat	u produce AT LEAST 75% of your product the craft, you bake the muffins, etc. The ion, for example: a vendor's permit numb arly what product(s) you plan to sell at th	e Market Manager and or Board of er or a farm registration number.	
If your product is prepared food, pl	ease provide the address of the Health U	Jnit inspected kitchen where the food	

BOOTH PREFERENCE	(choose ONE)		
Indoor (6' x 2')	Covered Garage (6	s' x 2')	Outdoor Market Square (10' x 10')
DO YOU NEED ELECT	RICITY? (\$5 per	day)	
YES NO			
I AM APPLYING TO BE A <b>SI</b>	EASONAL VENDOR	I AM AP	PLYING TO BE A <b>YEAR-ROUND</b> VENDOF
Applications put on a waiti re-apply.	ng list will expire in o	<b>ne year.</b> After o	one year applicant is encouraged to
	e Board of Directors who	are vendors elec	affecting Market. The Market Association is ted every year at the Annual General ents and fundraising.
			e contacted after the Board of Directors and contact us if you have any questions or
	<del>-</del>		<del>-</del>
Vendor Applicant Name	Vendor Applicant	Signature	Date
	- T		



Market Manager Signature

Market Manager

Date