

Beverly Farmers' Market

Vendor Application / Registration For The 2020 Market Season

May 18 to Oct 5, 2021 ~Tuesdays 3:30 to 7:30 P.M.

Mailing Address: PO Box 20202, RPO Beverly, Edmonton AB T5W 5E6

Office: 4014-118 Ave. - (780) 413-6278 www.beverlyfarmersmarket.ca ~ email:info@beverlyfarmersmarket.ca

Riverview Crossing Shopping Centre S.W. Parking Lot - SW 'Under the Sign'

Access Via First Parking Lot Entrance North of 118 Avenue @ 34 Street

BUSINESS Name: _____
Vendor (Owner) Name: _____
Mailing Address: _____
City/Town: _____ Postal Code: _____
Phone #: Home: _____ Business: _____ e-mail: _____
Product Description: (attach information & photos, if available) _____

Do you make, bake or grow your own product? Yes: ___ or No: ___ If no, where is the product produced and by whom? _____

Stalls Required (All stalls are 10' wide) I require (#) _____ stall(s)
I require a vehicle within my sales space (limited): Yes: ___ No: ___

Food & Beverage Vendors

___ Full Time Vendor: **\$630.00** per stall (21 mkts.-average \$30.00 /mkt.) Attach Payment: \$ _____
___ Full Time Vendor: **\$ 35.00** weekly per stall Attach Payment: \$ _____
___ Part Time Vendor: **\$ 35.00** per stall at each market day attended. I plan to attend part
time. I will call 24 hours in advance and reserve a space. \$ _____
___ New Vendor Six Market Introductory Special: **\$180.00 for 6 markets** Attach Payment \$ _____
The 6 consecutive dates are _____

Crafter & Artisan Vendors

___ Full Time Vendor: **\$420.00** per stall (21 mkts.-average \$20.00 /mkt) Attach Payment: \$ _____
___ Full Time Vendor: **\$ 25.00** weekly per stall Attach Payment: \$ _____
___ Part Time Vendor: **\$ 25.00** per stall at each market day attended. I plan to attend part
time. I will call 24 hours in advance and reserve a space. \$ _____
___ New Vendor Six Market Introductory Special: **\$120.00 for 6 markets** \$ _____
The 6 consecutive dates are _____

All Vendors selling at Approved Farmers' Markets are strongly encouraged to carry liability insurance.

- All Vendors selling prepared Foods, Honey, Fruit, Vegetables, Meat, Fish; Soaps, Lotions, Ointments, Chemicals, please attach a copy of your Certificate of Insurance **AND** complete and return the attached Waiver
- All Crafters & Artisans who choose to self insure, please complete and return the attached Waiver & Insurance Certificate, if available.

I have read and agree with and will follow the market rules and regulations that have been provided to me with this application. (_____) Signature of Applicant

I have read and accept the terms of the Beverly Towne Farmers' Market rule # 8 i as it relates to the fines that must be enforced as a result of non-attendance without proper absentee notice. (_____)

Signature of Applicant

By my signature below, I declare the information on this form to be complete and accurate and I agree to all terms.

Signature of Applicant _____ Print Name Clearly _____ Date _____

Signature of Witness _____ Print Name Clearly _____ Date _____

ALL APPLICANTS, PLEASE RETURN THIS COMPLETED APPLICATION with PAYMENT, INSURANCE CERTIFICATE, WAIVER, AND FOOD HANDLING COURSE CERTIFICATE (IF APPLICABLE):

- **IN PERSON: @ 4014 -118 Ave.** Call first to ensure someone is in the office (780.413-6278 or 780.413-6244)
- **BY MAIL: BEVERLY TOWNE FARMERS' MARKET, PO Box 20202, RPO Beverly, Edmonton AB T5W 5E6**