

Beverly Farmers' Market
Vendor Application / Registration For The 2026 OUTDOOR Market Season
May 12 to Oct 6, 2026 ~ Tuesdays, 3:00 pm to 7:00 pm.

Print, Complete, Sign and Return by Scan & e-mail, Mail, or In Person

E-mail: info@beverlyfarmersmarket.ca; **Mail:** PO Box 20202, RPO Beverly, Edmonton AB T5W 5E6

Office: 4014-118 Ave. – (780) 413-6244, (780) 413-6278; **Website:** www.beverlyfarmersmarket.ca

Market Site: Riverview Crossing Shopping Centre, West Parking Area

Access Via 1st or 2nd Parking Entrance North of 118 Avenue @ 34 Street OR North Entrance At 119 Ave.

BUSINESS Name: _____ celtic cravings

IrishBakery_____

Vendor (Owner) Name: _____ stephen
walsh_____

Mailing Address: _____ 12015 56st
nw_____

City/Town: _____ edmonton_____ Postal Code: _t5w3t2__

Phone # (Home): _____ **5879823131** **(Business):** _____ **e-mail:**
_____ **cravingsceltic@gmail.com**

Primary Product Names: ___ irish and British baked
goods_____

Secondary Product Names: _____

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 (#) 1 stall(s)

I require a vehicle within my sales space (limited spaces): Yes: No: _____

Food, Beverage & Horticultural Vendors ~ Full Time or Part Time \$35.00 Per Stall, Per Week

___ Full Time Vendor - Prepay for Market Season: _____ (attach payment): **\$770.00**

Full Time Vendor - Pay Weekly: **\$35.00** / week / stall (will be collected @ each market) **\$ 35.00**

___ Part Time Vendor - **\$35.00** per stall. Reserve the following dates; payment attached for all dates:

My dates are: _____ all dates _____ # _____ x \$35.00 = \$ _____

___ Part Time Casual - **\$35.00** per stall; I plan to attend casually & I will call 24 hrs in advance and reserve a space, if available. (Fee will be collected on market day) Deposit: **\$ 35.00**

___ New Vendor Six Market Introductory Special: **\$180.00** for 6 markets (attach payment): **\$180.00**

The 6 consecutive dates are: _____

Crafter & Artisan Vendors ~ Full Time or Part Time \$25.00 Per Stall, Per Week

___ Full Time Vendor - Prepay for Market Season: **\$25.00 x 22 markets** (attach payment): **\$550.00**

___ Full Time Vendor - Pay Weekly: **\$25.00** / week, / stall (will be collected @ each market): **\$ 25.00**

___ Part Time Vendor - **\$25.00** per stall. Reserve the following dates; payment attached for all dates:

My dates are: _____ # _____ x \$25.00 = \$ _____

___ Part Time Casual - **\$25.00** per stall; I plan to attend casually & I will call 24 hrs in advance and reserve a space, if available. (Fee will be collected on market day) Deposit: **\$ 25.00**

___ New Vendor Six Market Introductory Special: **\$120.00** for 6 markets (attach payment): **\$120.00**

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: attach a copy of your Certificate of Insurance & complete and return the attached Waiver.
- All Crafters & Artisans who choose to self-insure: please complete and return the attached Waiver.

THE BEVERLY FARMERS' MARKET RULES & REGULATIONS ARE ATTACHED. PLEASE READ & INITIAL IN THE SPACES PROVIDED, INDICATING UNDERSTANDING & ACCEPTANCE OF EACH & RETURN A COPY WITH THIS APPLICATION.

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

stephen walsh_____ walsh_____ _____ stephen

Signature of Applicant

Print Name Clearly

Date

Signature of Witness

Print Name Clearly

april 6 2026
Date

ALL APPLICANTS: PLEASE RETURN THIS COMPLETED APPLICATION WITH PAYMENT, INITIALED RULES, INSURANCE CERTIFICATE, WAIVER, & FOOD HANDLING COURSE CERTIFICATE (IF APPLICABLE) TO THE ABOVE ADDRESS.

**Beverly Farmers' Market
Waiver of Liability and Indemnity, Assumption of Risks**

Participant Name ("Participant") _____ stephen Walsh
CelticCravingsIrishBakery _____

(Last) (Middle)

(First)

Phone Number: (_____) _____ 5879823131 _____

Address: _____ 12015 56 st
nw _____

(Apt.)

_____ edmonton _____

_____ ab _____

_____ t5e3t2 _____

(City)

(Province)

(Postal Code)

**BY SIGNING BELOW YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY!**

Waiver of Liability and Indemnity

The Participant agrees to hereby hold harmless and indemnify the Beverly Towne Farmers' Market, the Beverly Business Association and Riverview Crossing GP Ltd., its employees, volunteers and/or other participants for any /all liability for any property damage or personal injury to any third party resulting from participation in this Program. The Participant hereby further agrees that Beverly Farmers' Market, Beverly Business Association and Riverview Crossing GP Ltd., its employees, volunteers and/or other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, death, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by this Agreement, whether or not such injury, damage or loss occurred as result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the *Occupiers Liability Act* and/or breach of contract on the part of the Beverly Towne Farmers' Market, the Beverly Business Association and the Riverview Crossing GP Ltd., its employees, volunteers and/or other participants.

Assumption of Risks

Participation in the Beverly Farmers' Market incurs various risks, dangers and hazards which all participants are required to assume.

(These relate to your Product, Merchandise, Vehicle, Tent, Table and any other Display Equipment.)

The Participant hereby freely accepts and fully assumes all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting therefrom.

I HAVE READ THE WAIVER OF LIABILITY AND INDEMNITY, ASSUMPTION OF RISKS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ stephen walsh _____

Signature of Participant Representative

Print Name Clearly

Date

_____ trisha O'Reilly _____

Definition - Assumption of Risks by Self Insurance:

The term self insurance means that you assuming all risks by not insuring yourself against suit for any claim that may be brought against you as a result of your Product, Merchandise, Vehicle, Tent, Table And Any Other Display Equipment. By not having insurance, you are accepting personal financial responsibility for these claims.

I acknowledge that I understand self insurance: _____stephen
walsh_____

(signature of participant)