

Beverly Farmers' Market

**VENDOR APPLICATION / REGISTRATION FOR THE 2024 FALL/WINTER MARKET
OCTOBER 15 to DECEMBER 17, 2024 ~ TUESDAYS, 2:00 to 6:00 PM.**

**E-mail: info@beverlyfarmersmarket.ca; Mail: PO Box 20202, RPO Beverly, Edm. AB T5W 5E6
Office: 4014-118 Ave. - (780) 413-6244, (780) Cell: 780.909-8953 Website:
www.beverlyfarmersmarket.ca**

Market Site: Riverview Crossing Shopping Centre

Vendor Access Via West Door Marked EXIT next to Treasure Hunt Entrance

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)

Food, Beverage & Horticultural Vendors:

___ **Full Time Vendor - Prepay for Oct 15 – Dec 17 = 9 Markets (\$25.00 x 9) attach payment:** **\$225.00**

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

___ **I will attend all 9 markets from October 15 to December 17, 2024:** _____

(Signature)

___ **Part Time Vendor - \$25.00 per stall; I plan to attend casually & I will call 780.909-8953, 24 hrs in advance to reserve a space, if available. (Fee will be collected on market day)**

Crafter & Artisan Vendors ~ Full Time or Part Time \$20.00 Per Stall, Per Week

___ **Full Time Vendor - Prepay for Oct 15 – Dec 17 = 9 Markets (\$20.00 x 9) attach payment:** **\$180.00**

___ **- Pay Weekly: \$20.00 / week / stall (will be collected @ each market)** **\$ 20.00**

___ **I will attend all 9 markets from October 15 to December 17, 2024:** _____

(Signature)

___ **Part Time Vendor - \$20.00 per stall; I plan to attend casually & I will call 780.909-8953, 24 hrs in advance to reserve a space, if available. (Fee will be collected on market day)**

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.

Signature of Applicant

Print Name Clearly

Date

Signature of Witness

Print Name Clearly

Date

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