



Secondary Producer Application/ Agreement Form 2017

Please see both sides

Vendor Name:			
Business Name:			
Business Address:			
Postal Code:		City:	
Business #:		Phone #:	
Email:			
Social Media: (twitter, facebook, website, etc...)			
Do you require hydro? (Please check one)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
I have included a copy of my insurance certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Note: Your insurance policy must be attached to this application form in order to apply as a potential market vendor.			
Number of Stalls:	Which Market Session (circle all that apply): Winter Garden Farmers Christmas Individual Saturday (Date):		
Please list all product you will be selling at the market:			

I, the undersigned, have read the **Ottawa Street Farmers' Market Stallholder Handbook** and am fully aware of the specific rules and regulations governing the **Ottawa Street Farmers' Market**. I agree to comply with these rules and regulations, and all other federal, provincial and local regulations that apply, knowing that I will forfeit my rights to being a vendor and selling at the Ottawa Street Farmers' Market if I am found to be in non-compliance.

Vendor's Signature: _____ Date: _____

Approved by: _____ Date: _____