

Grower/Producer Application & Agreement Form 2020

Contact Name:								
Business Name:								
Farm Address:								
City:					Postal Code:			
Farm Registration #:					Phone:			
Email Address:					Website:			
Twitter:		Instagram:			Facebook:			
Hydro (\$10/day):	yes	no Insurance po			icy attached:	yes	no (other:
NOTE: Your insurance policy MUST BE aubmitted to the Market Manager before selling.								
Number of Stalls:	Which Market Sessio			sion(s):	Winter	Garden	Farmers	Christmas
Please list all products you grow yourself				Please	list all produ	ıcts you d	o not grow	v yourself
and will be selling at our Market: tha					you will be selling & the farm its sourced from:			
Please pay by either Cheque or E-transfer. All cheques to "Crown Point Farmers' Market". E-transfers to info@ottawastreetfarmers.com								
I, the undersigned, have re								
Farmers' Market. I agree regulations that apply, known				_				
Ottawa Market if I am fou	_		_	Deilig a v	endor & seming	at the Ottav	va Street i arri	1013
Vendor's signature:		·				Date:		
Approved by:						Date:		
Invoice:	Cheque:	E-transfer				Notes:		