Secondary Producer Application & Agreement Form 2020

Contact Name:			
Business Name:			
Business Address:			
City:			Postal Code:
Hydro ($10/day): no yes unsure			Phone:
Email Address:			Website:
Twitter:	Instagram:		Facebook:
Insurance #:	Insurance policy attached: yes no other:		
NOTE: Your insurance policy MUST BE aubmitted to the Market Manager before selling.			
Number of Stalls:	**Which Market Session(s):** Winter Garden Farmers Christmas		
Please list all products you will be selling at our Market:			Please list all the farmers you will be sourcing your product 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 read and am fully aware of the specific rules & 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'll forfeit my rights to being a vendor & selling at the Ottawa Street Farmers' Ottawa Market if I am found to be in non-compliance.

Vendor's signature: _____ **Date:** _____

Approved by: _____ **Date:** _____

Invoice: Cheque: E-transfer Notes: