

**CITY OF WELLAND****Recreation & Culture Division**

145 Lincoln Street, Welland, ON L3B 6E1

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market@welland.ca

DATE STAMP

WELLAND FARMERS' MARKET VENDOR APPLICATION**APPLICANT INFORMATION**

Business Name:

Contact Name:

Contact Number:

Alternate Number:

Address:

Email Address:

PRODUCT INFORMATION**What type of products do you sell?** *(Please check all that apply, any item not listed is subject to approval)*

Meat

Cheese

Eggs

Fruits

Vegetables

Prepared Foods

Baked Goods

Flowers

Handcrafts

Other:

What type of vendor are you? *(Please check all that apply)*

I am a grower

I am a reseller

I am mypick.ca certified

I am organic

I create a product

Other:

Items produced by your business: *(i.e. broccoli, tomatoes, bread, cut flowers, etc.)***Items intended for resell:** *(i.e. produced by others, sausage, bread, cut flowers, etc.)***Trend Items:** *(i.e. organic, gluten-free, heirloom vegetables, etc.)***Other Markets Attended by Applicant:****ZONE INFORMATION (BASED ON A**

Please include Zone preference and rank in order of preference:

Zone:

Rank:

Zone:

Rank:

Zone:

Rank:

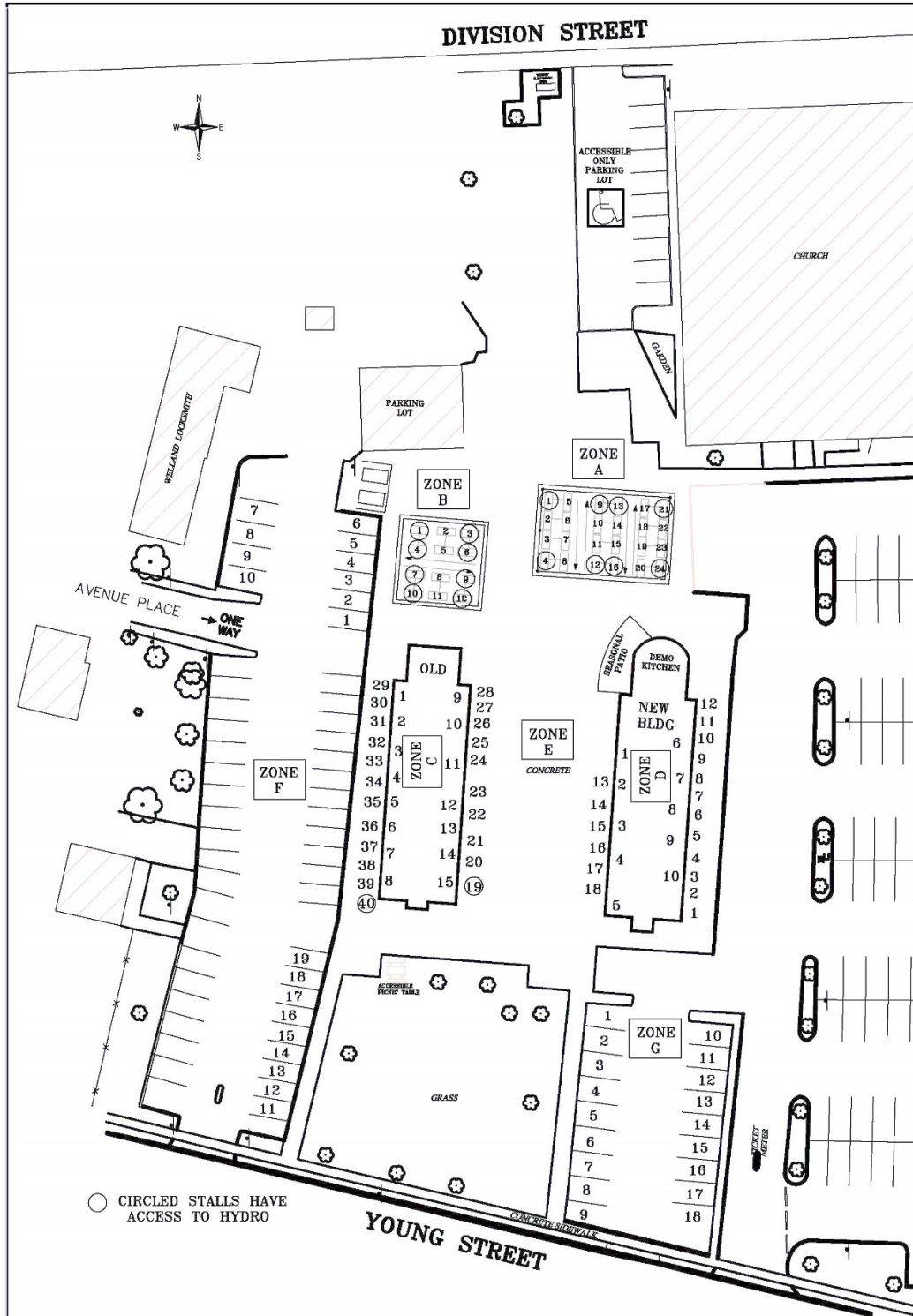
Please Note: Set up time is before 6:00am and for safety reasons NO vehicles shall enter the Welland Farmers' Market after 6:00am or leave prior to 12:00pm**ADDITIONAL INFORMATION****ALL SUBMISSIONS MUST INCLUDE:**

- Market Vendor Application
- If selling food, you must complete Niagara Region's online Farmer's Market Food Vendor Application
- All applications must be returned with payment cheques *(payable to City of Welland)*

By checking this box, I/We hereby submit my/our application for a stall/space at the Welland Farmers' Market and hereby state that all the information is true, accurate and complete. I/We acknowledge that submission of this application does not guarantee that I/we will be assigned a stall. I/We agree that if my/our application is approved, I/we will enter into a stallholder agreement with the City of Welland before I/we are assigned a stall. I/We understand that in addition to a user fee as outlined in the schedule of rates and fees, I/We will be responsible to pay the applicable insurance fee.

Signature:

Date:



<p>DRAFTING BY: J. Caruso, C.Tech.</p> <p>CHECKED BY: Cassandro Magazzeni</p> <p>APPROVED BY: Richard Dalton</p>	 <p>CITY OF WELLAND ENGINEERING DEPARTMENT</p> <p>F:\Dwg\Proj\Market Square\Market Square Vendor Nov 22 2017.dwg</p>	<h2 style="text-align: center;">WELLAND MARKET SQUARE VENDORS</h2>	<p>CAD FILE NAME: MARKET SQUARE VENDORS</p> <p>DATE: Nov. 22, 2017</p> <p>SCALE: NTS</p> <p>DRAWING No. REV. 1 of 1</p>
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