



**CITY OF WELLAND**  
**Recreation & Culture Division**  
 145 Lincoln Street, Welland, ON L3B 6E1  
 Phone: 905-735-1700 EXT 4000  
 Fax: 905-732-6187  
[market@welland.ca](mailto: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

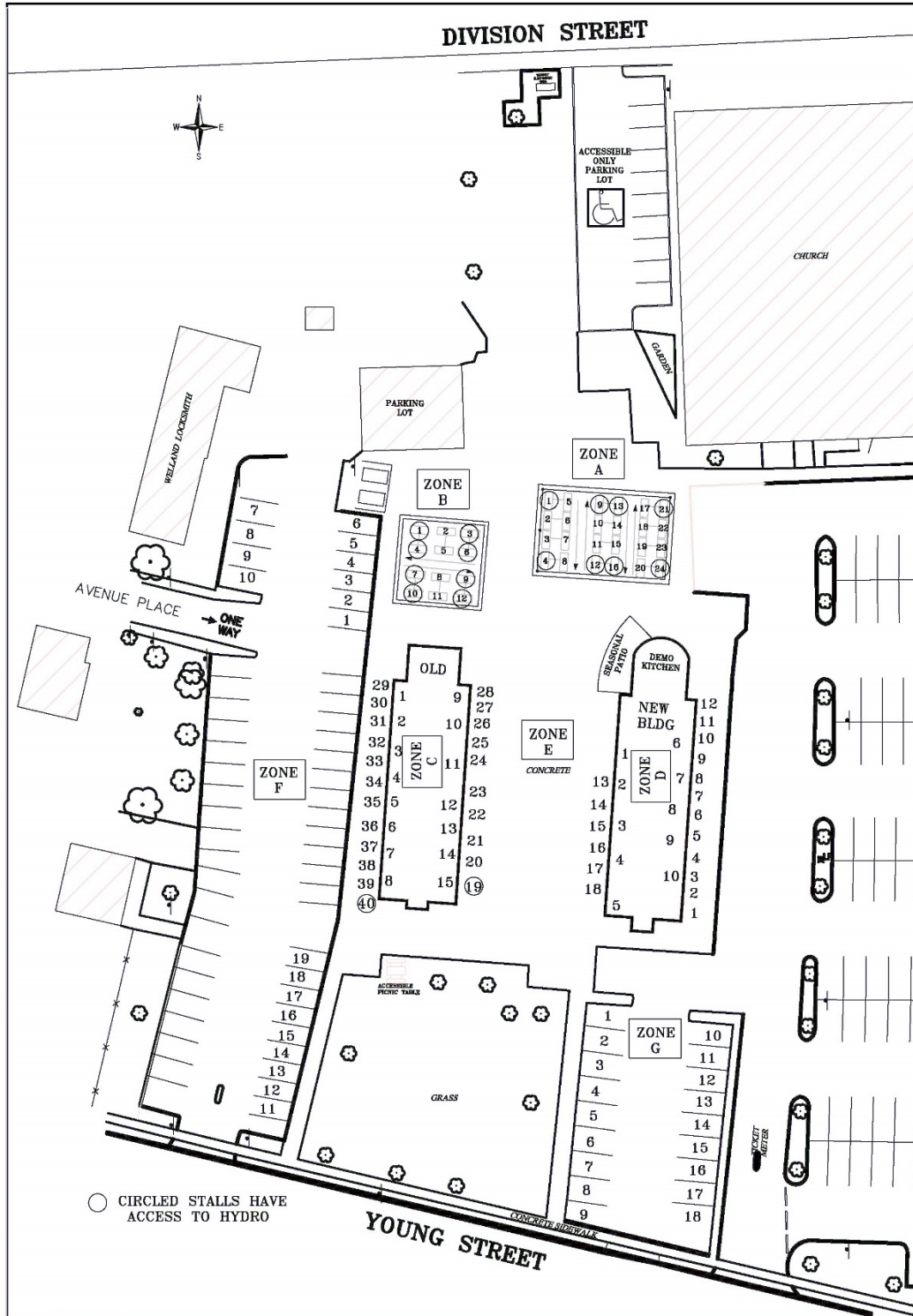
**ALL SUBMISSIONS MUST INCLUDE:**

- 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 Magazzini</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>
--	---	--	---