



CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
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 Fax: 905-732-6187
registration@welland.ca

DATE STAMP

WELLAND FARMERS' MARKET WINERY AND CIDERY VENDOR FORM

APPLICANT INFORMATION

Winery/Cidery Name:

Contact Name:

Contact Number:

Alternate Number:

Address:

Email Address:

Other Markets Attended by the Applicant:

We acknowledge that we must supply our own General Liability Insurance naming the City of Welland as additional insured in the amount of \$5 million.

YES

NO

INSURANCE IS ATTACHED TO THIS APPLICATION

PRODUCT INFORMATION

Red Wine	White Wine	Ice Wine	Fortified Wine
Dessert Wine	Rose Wine	Sparkline Wine	Cider
Wine Accessories	Other		

Serving Samples:

YES

NO

If yes, sample size:

ZONE AND STALL REQUESTS *(based on availability)*

All applicants will be given one (1) stall maximum. Please include Zone preference and rank in order of preference.

Zone:

Zone:

Zone:

ADDITIONAL INFORMATION

ALL SUBMISSIONS MUST INCLUDE:

- Winery/Cidery Vendor Application Form
- Proof of Approval from the Alcohol and Gaming Commission of Ontario (AGCO)
- Proof of Insurance – all participating wineries/ cideries must have liability insurance naming the City of Welland as additional insured in the amount of \$5 million.

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, we must supply our own General Liability Insurance.

Signature:

Date: