



2012 Vendor's Application Form

Serving Cambridge Since Circa 1830

www.cambridgefarmersmarket.ca

farmersmarket@cambridge.ca or T: 519.740.4680 x 4252 F: 519.740.3011

NEW VENDOR

General Information

| | | | | | | | | | |
|---------------|------|--|--|------|---------|-------|--------------|--|--|
| | | | | | | | VEN # | | |
| Vendor's Name | | | | | | | | | |
| Address | | | | | | Unit | | | |
| City | | | | Prov | | | Postal Code | | |
| Tele | Cell | | | | | Other | | | |
| Email | | | | | Website | | | | |

Intended Start/End Date

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
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Product Information

- Please attach a list of items you intend to sell and mark "G" for grower/ "R" for reseller.
- Only approved items will be allowed to be sold at your stall.

| | | | | | | | | | | |
|--------------------------------------|---------------|--|---------------------|--|-------------------------------|--|------------------|--|-----------------------------|--|
| Please Check The Appropriate Spaces | Baker | | Butcher | | Cheese | | Crafts | | Eggs | |
| | Flowers | | Fruits | | Vegetable | | Prepared Foods | | Other | |
| Please Check The Appropriate Answers | Are A Grower? | | Are You A Reseller? | | Are You My Pick.ca Certified? | | Are You Organic? | | Are You A Product Producer? | |

Space Requested

| | | | | | | | | | | | |
|-------------------------------------|----------|------------|---------------------------|--------|---------------|------------|-------|-------|----------|--|-------|
| | | | Multiple Spaces Requested | | | Wednesday | | Y / N | Saturday | | Y / N |
| Please Check The Appropriate Spaces | Indoors | Table | Car | Cooler | | Large Size | | | | | |
| | Outdoors | 9' Station | 13.5' Station | Corner | I Have A Tent | | Y / N | | | | |
| | Seasonal | Spring | Summer | Fall | Winter | | | | | | |

I hereby submit my Application for a Station/Cooler/Table at the Cambridge Farmers' Market and hereby state that all the foregoing information is complete & accurate. I agree to pay all applicable fees as listed in the current Market Vendor Rates, which is established yearly by Cambridge City Council and interest charges (if applicable) in accordance with City of Cambridge Accounts Receivable policies. I also understand that I will be responsible to pay applicable advertising fees.

Applicant's Name (Print)

Applicant's Signature

Date

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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The personal information gathered on this form is collected under authority of the Municipal Act and will be used to confirm the above request for vendor space at the Cambridge Farmers' Market. Questions concerning the collection and use of personal information should be addressed to the city's Freedom of Information Coordinator who can be reached through the Corporate Services Department at 519 740-4680 ext. 4079.

Please Submit This Application Along With All Required Forms & Permits via one method listed below:

| | | |
|--|--|------------------------|
| E-mail: farmersmarket@cambridge.ca <i>E-mail is the preferred method.</i> | Property Division, 50 Dickson Street, 2nd Floor, P. O. Box 669 Cambridge, Ontario N1R 5W8 | Fax: (519) 740-3011 |
| To complete this application you will need the following to be included and submitted with this form: | <ol style="list-style-type: none"> A Region of Waterloo Farmers' Market Vendors Application Form * A Region of Waterloo Kitchen Inspection * A Region of Waterloo Safe Food Handling Certificate * A Certificate of Insurance a minimum \$2 million Naming The City Of Cambridge as additional insured ** Complete list of items to be sold <p>* Farm Produce & Craft Vendors Exempt from Region Kitchen Ins & Food Handling Cert. ** Check with Market Manager prior to getting insurance.</p> | |

For Office Use Only

| | | | | | | | | | |
|-------------------------|----------------|-------|--------------------|-------|---------------------------|-----------------|--------------------------|----------|--|
| | | | | | | Assigned Spaces | | | |
| Date Received | | | Approved | Y / N | Start Date | | | End Date | |
| R of W Permits | Farmers Market | Y / N | Kitchen Inspection | Y / N | Food Handling Certificate | Y / N | Certificate of Insurance | Y / N | |
| Market Manager Approval | | | | | | | Date | | |