

St. Andrews Farmers Market Association
2017 VENDOR APPLICATION FORM (please print clearly)

Name: _____

Business Name: _____

Address: _____

Business Address (if different): _____

Email: _____

Website: _____

Primary Phone: _____

Business Phone: _____

Type of vendor: Temporary Seasonal Prospective Seasonal Returning Seasonal Monthly Daily

Preferred Space: 1. _____ 2. _____ 3. _____

Dates Required: _____

Would you like to be on our St. Andrews Farmers Market Facebook Page? YES NO

Do you have Food Safety Training or Certification? YES NO

If yes, what course? When was it taken? _____

Please list all the items you are requesting to sell at the St. Andrews Farmers Market. Be specific and if you require more space, feel free to use the back of this sheet.

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I hereby submit my application for a vendor space at the St. Andrews Farmers' Market and agree to pay all fees established by The Association. I have received the Vendor Handbook and agree to abide by the guidelines set out therein.

Vendor Signature: _____ **Date:** _____

All Seasonal and Monthly fees (FOR APPROVED VENDORS) are payable in advance and must accompany this application. Please make cheques payable to St. Andrews Farmers' Market Inc. E-Transfer is also an option by emailing payment to: standrewsfmtreasurer@gmail.com
All APPLICATIONS are to be emailed to **market.managernb@gmail.com**

Thank you for your application. We look forward to another great market season.