



Farmers Market Vendor Application Form

Business Type: Farm____ Food service ____ Prepared Food ____ Craft ____ Collectible ____

Name of the Company/Owner: _____

Name of the Seller (if different): _____

Mailing Address: _____

Business phone: (403) _____ Cell : (403) _____

Email address : _____

Product to be sold (attach picture if possible): _____

Is product grown or produce by you? Yes: _____ No: _____

Approx date stall required (the Season? Particular week-ends? Particular days) : _____

Number of Stall required: ____ Electricity required? Light____ Freezer____ Scale____

Any special needs? _____

Vendor signature & date

Market manager signature

Note: Unless otherwise noted, all contracts are payable every week. There will be no refunds. The vendor has read the Market policies and understand them fully.

Office use only

Start billing date: _____ Deposit paid & date: _____

Market stall assigned: _____

Comments: _____