



Smiths Falls Market 2020

VENDOR APPLICATION

Part A: Vendor Information (please print)

Business Name:	Vendor Name:
Address:	Postal Code:
Telephone Number:	Email:
Website / Facebook Link:	

Part B: Vendor Category and Product Information (Check all categories applicable)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Baking	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Food Concession
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Please list products to be offered for sale in each category.

Are you "Certified" Organic? YES NO

Do you require vehicle access during the Market set up or take down? YES NO

Have you completed the *Farmers' Market Self-Regulating Checklist for Vendors?* YES NO

@ Healthunit.org

*Please note: We do not offer any power sources during the Smiths Falls Market

Part C: Vendor Registration & Payment

The Smiths Falls Market 2020 will be running on Saturdays from 8:00am to 12:00pm throughout July & August. Set up for Vendors is at 7:15am and all Vendors will be given a single 6-foot table and two chairs. Vendor tables are \$10.00 each for every individual date, or \$65.00 for all 8 Market dates. Please identify which dates you will be joining us for our Market!

July 4 th , 2020		August 1 st , 2020	
July 11 th , 2020		August 8 th , 2020	
July 18 th , 2020		August 15 th , 2020	
July 25 th , 2020		August 22 nd , 2020	

Total Number of Market Dates: _____ for \$_____.

Payment Method: (Payment can be made either in person or by mail)

Credit		Debit		Cheque		Cash	
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Please return your completed Application and Payment no later than May 1, 2020 to:

The Smiths Falls Heritage House Museum

P.O Box 695, 11 Old Slys Road, Smiths Falls, ON, K7A 3M3

Phone: (613) 283-6311 Email: heritagehouse@smithsfalls.ca

Part D: Vendor Agreement:

I _____, am aware that I am responsible for the production and safe keeping of all items for sale at my vendor booth throughout the Smiths Falls Market. I hereby comply fully with the Market Rules & Regulations, the Health Unit regulations for food sales and I agree to respect all other vendors, museum staff and public visitors throughout the event(s). I am solely responsible for providing my own insurance and vendor permits where required by Municipal and/or Provincial laws and regulations.

Signature of Vendor _____ Date

Part E: To be completed by the Heritage House Museum

Date Received:	Payment Amount:	Approved by:	Special Notes:
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