**Vendor Application Form**

The Bulkley Valley Farmers’ Market operates according to the principles of **Make, Bake, and Grow it**, where everything sold at the market is to be produced locally by the vendor. The comprehensive **Market Rules** govern what can and cannot be sold, ensure smooth market day operation, and uphold the integrity of the Farmers’ Market. **Please read through the Market Rules before filling out this application.**

|  |  |
| --- | --- |
| Your Name |  |
| Farm/Business Name |  |
| Mailing Address(including postal code) |  |
| Telephone Number |  |
| Email Address |  |

**All products must be approved before they can be sold at the market. Complete page 2 ⮰**

|  |  |  |
| --- | --- | --- |
| I have read and agree to abide by the **Market Rules**  | Yes 🞏 | No 🞏 |
| I have all the necessary approvals from the Northern Health Authority N/A 🞏 | Yes 🞏 | No 🞏 |
| I agree to only sell items that have been approved for sale at the market (page 2) | Yes 🞏 | No 🞏 |
| I shall post a sign at my stall with my farm/business name & general location | Yes 🞏 | No 🞏 |
| I request access to electricity at my stall (no. of plugs \_\_\_\_ ) | Yes 🞏 | No 🞏 |
| My products require natural shade, if possible (e.g., vegetables, chocolates) | Yes 🞏 | No 🞏 |
| Yes! Let me know of volunteer opportunities with the market | Yes 🞏 | No 🞏 |

Other specific requirements:

To assist in planning the market season and stall allocation, please 🗹 the markets you plan to attend:

(This is for planning purposes only. It is not a commitment or reservation.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indoor Markets | Outdoor Markets | Indoor Markets |
| Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| Week 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Week 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Week 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Week 5 |  |  |  |  |  |  |  |  |  |  |  |  |

Comments:

Please list the products that you would like to sell at the market, along with a description of the process used to **Make, Bake, or Grow** the item(s). Items that are produced in a similar manner should be grouped (e.g., ‘vegetables’, rather than ‘carrots’ and ‘radish’). Please read the product eligibility portion of the Market Rules carefully and provide as much information as is necessary to show us that your product conforms to the “make”, “bake” or “grow” definition.

|  |  |  |  |
| --- | --- | --- | --- |
| Item(s) #1: | Made? 🞏 | Baked? 🞏 | Grown? 🞏 |
| Describe your process:  |
|  |
|  |
|  |
|  |
|  |
| Item(s) #2:  | Made? 🞏 | Baked? 🞏 | Grown? 🞏 |
| Describe your process: |
|  |
|  |
|  |
|  |
|  |
| Item(s) #3:  | Made? 🞏 | Baked? 🞏 | Grown? 🞏 |
| Describe your process: |
|  |
|  |
|  |
|  |
| Item(s) #4:  | Made? 🞏 | Baked? 🞏 | Grown? 🞏 |
| Describe your process: |
|  |
|  |
|  |
| Item(s) #5:  | Made? 🞏 | Baked? 🞏 | Grown? 🞏 |
| Describe your process: |
|  |
|  |
|  |

Please attach an extra sheet if necessary. More information provided now can lead to a faster approval.

**To add new items at a later date, please submit another copy of this page for the new item(s).**

This application must be approved before any items are permitted to be sold at the market.

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | Date: |

Please submit this form to the market manager or mail to address below: