# **Application for PEACHLAND FARMERS & CRAFTERS MARKET**

Starts: 1st Sunday after May long weekend Ends: the last Sunday in September

**Hours Open:** 10 AM to 2 PM

### (PLEASE PRINT CLEARLY)

Business Name:	Start year as a Vendor			
Full Vendor Names:				
Mailing Address:	City:			
Phone:	Cell:			
Email:	Website/social media:			
Vehicle Make & Color	Vehicle License			
My products percentages in the following category(s) I	Farmer% Prepared Food	% Crafter% Resale	%	
Are you are returning Season or Day Vendor	Are you	ı a new Vendor?	Vendor?	
PLEASE SPECIFY ALL INDIVIDUAL PRODUCTS YO & Crafters Market & Artisans Showcase reserves the other information representative of your products be sold at the Market. Any items added later must ha	ne right to make the final decision about may be requested. Only the items you	out all goods sold at the Market. ou list below, and which are app	Pictures or	
NOTE: The Artisans Showcase will <u>not allow</u> the without THC). There is no form of marijuana, can				
2023 Market Season - 18 Sundays Markets	Application Fee (Mandato	ry - All vendors) <b>\$ 25.00.</b>		
Seasonal Rate below only for allocated Season Vene \$240 + Market Fee \$25 = \$265 Double Booths: 480.00 (Season Vendors only from 2	Seasonal Vendors Only +	· parking \$240 + \$25 + \$60 = \$3		
Returning/New Day Vendor Fees: First Market: \$35		 E <b>ach Market after</b> : = <b>\$35</b> a mar		
This rate applies to ALL new & returning Day vendor	rs who were not a 2022 Season Vend	lor: Spot is 10' x 10' location.		
A \$40 charge will be applied to all NSF cheques and	Artisans Showcase may not accept f	urther cheques from that vend	dor.	

cheque/monies. Incomplete application submissions will not be considered.

E Transfers (new) to: <a href="mailto:artisansshowcase20@gmail.com">artisansshowcase20@gmail.com</a>

Please enclose your cheque(monies) for the total amount payable to Artisans Showcase. If your application is not accepted, we will return your

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#### All Vendors

Please read Rules & Policies as they are updated/changed each year, please ensure you read and understand the document before signing.

#### This application is considered a contract between PFCM & Artisans Showcase and the Vendor.

Any Vendor with processed food products or sampling food will require an updated Food Safe or Market Safe Certificate with clearly marked expiry date, pH testing for all processed/canned products (where required by IHA) and appropriate Liability insurance.

ALL VENDORS MUST HAVE REQUIRED WEIGHTS TO SET UP THEIR TENTS. NO WEIGHTS = NO TENT

#### **Food Vendors**

A copy of all Health Board Regulations (High Risk) & Valid Food Safe or Market Safe Certificates along with appropriate Liability Insurance must be sent in with your application before you are allowed to attend your 1<sup>st</sup> market. Food Vendors' applications will be rejected if Liability Insurance & Health Board Certificates (High & Low Risk Foods) are not attached to the Market's application.

**COSMETIC/SOAP VENDORS:** require a copy of Health Canada Natural Product registration number with this application. A link can be found on our website. Must have liability insurance.

**FARMERS:** If applicable, please include a copy of your Organic Certification form with this application.

I have read and understand the Policies & Regulations for Vendors and I agree to abide by all Regulations stated or as amended by both **The Peachland Farmers & Crafters Market and Artisans Showcase**. If I fail to comply with the above-mentioned Policies & Regulations, I agree to accept disciplinary measures as decided by Artisans Showcase, including expulsion from the market without recourse or a refund of any money paid.

Market Manager: Linda Arpin Market Cell: (250)317-0407

Mailing Address: Peachland Farmers & Crafters Market, P.O. Box 1183, Peachland, B.C. V0H 1X0

PFCM Email Address: peachlandmarket@gmail.com

www.peachlandfarmersandcraftersmarket.ca

Print Name		Vendor Signature		Date:	
have read and agree to follow the	2023 R	ules & Policies of t	the PFCM & Artisans	Showcase: Signed	
Please Note: Only Seas	on Ve	ndors pay the s	easonal Rate:	Day Vendors pay by the market.	
FOR OFFICE USE ONLY Payment amount: \$	Cash	Check.#	Receipt #	E-Transfer	
Date Application Approved:	_ 04311	OHEGK. #	_ Receipt #		