



ST. JACOBS FARMERS' MARKET
YOUNG ENTREPRENEUR APPLICATION

Date: _____

Please print clearly.

Business Name:

Owner/Operator's Name:

Age:

Vendor Address:

City:

Postal Code:

Email Address:

Website:

Contact Number:

How did you hear about this opportunity:

Do you make, grow or produce your own product? Yes [] No []

Is your product sold anywhere else?:

Product Listing: (Please be specific, tell us about how your business started and MUST include pictures)

Multiple horizontal lines for product listing details.

Equipment Required: (please list any equipment you will be bringing in):

Table with 3 rows for equipment list.

Dates Requested:

Market Policies:

1. Any and all equipment must be approved by local governing bodies such as ESA, CSA, TSSA, and the local fire department.
2. Pop Up spaces are to be paid in advance of selected Market days by cash or e-transfer only. There are no refunds of any kind.
3. IF approved, any vendor selling food products will be required to apply to the health department for approval. Commercial/market kitchens must be used for food preparation. Food prepared in home kitchens will not be permitted.
4. Vendors can sign on for a week or a day but no more than 4 days per month based on interest.
5. Vendors must be set up no later than the time that the Market opens (Tuesday/Thursday 8am; Saturday 7am) and remain open until the Market closes (Tuesday/Thursday 3pm; Saturday 3:30pm)
6. Each permit holder agrees to save the Market owner and Manager harm from any liability for any act of commission or omission arising from the permit holder's use and occupancy of the booth(s).

Vendor Signature

*(*I have read Market Policies and understand them fully)*

-----**Office Use Only**-----

Approved: _____ Contacted by: _____ Entered: _____

Comments:

Email completed form to Megan Malcolmson, Market Manager: megan.malcolmson@stjacobsmarket.com.