ST. JACOBS FARMERS' MARKET YOUNG ENTREPRENEUR APPLICATION

Please print clearly

	Date:	
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)	
Equipment Required: (please list any equipment you w	vill be bringing in):	
Equipment List:		

Dates Requested:		
Market Policies:		
1. Any and all equipmen fire department.	nt must be approved by local gov	verning bodies such as ESA, CSA, TSSA, and the local
2. Pop Up spaces are to refunds of any kind.	be paid in advance of selected M	Market days by cash or e-transfer only. There are no
		required to apply to the health department for food preparation. Food prepared in home kitchens will
4. Vendors can sign on f	or a week or a day but no more	than 4 days per month based on interest.
	p no later than the time that the ne Market closes (Tuesday/Thurs	Market opens (Tuesday/Thursday 8am; Saturday 7am) day 3pm; Saturday 3:30pm)
-		and Manager harm from any liability for any act of suse and occupancy of the booth(s).
		Vendor Signature
	(*1)	have read Market Policies and understand them fully)
	Office Use O	nly
Approved:	Contacted by:	Entered:
Comments:		