

St. Jacobs Farmers' Market Produce Application

Date: _____

There are 2 types of permits issued for produce vendors at the St. Jacobs Farmers' Market, please read carefully the attached descriptions and select which permit you are applying for. All vendors will be required to provide seed bills and documentation each growing season to validate the

<input type="checkbox"/> Grower	<input type="checkbox"/> Produce
Business Name: _____	
Farm Business Registration Number (if applicable): _____	
Owner/Operator's Name: _____	
Vendor Address: _____	
City: _____	Postal Code: _____
Your Physical Farming Address (if applicable): _____	
Email Address: _____	
Website: _____	
Business Phone: _____	Cell Phone: _____
Home Phone: _____	
Which phone number may we give to public: _____	
Is your product sold anywhere else?: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, Where: _____	

Commitment Request (*Check all that apply*) **Growing Season:** _____

	Seasonal – Thursday and Saturday (<i>weekly between March 28 to October 26, 2024</i>)
	Seasonal – Thursday Only (<i>weekly between March 28 to October 24, 2024</i>)
	Seasonal – Saturday Only (<i>weekly between March 28 to October 26, 2024</i>)
	Daily (<i>Casual – no weekly commitment</i>) Daily Artisan VIP (<i>10 pack of passes</i>)
	Shoulder Season (<i>weekly November to December</i>)
	Winter Season (<i>weekly January to March</i>)

Description of Farm:

Type of Farm?	<input type="checkbox"/> Owned <input type="checkbox"/> Family <input type="checkbox"/> Shared <input type="checkbox"/> Rented		
How many Acres?		Number of Greenhouses ?	

Description of Products For Sale:

(Please make sure to list all products that will be sold)

	Grown on Own Farm <small>(Check all that apply)</small>	Purchased from Another Source <small>(Check all that apply)</small>	Other Source: <small>(Must list name of Farm/Auction/Wholesale Market, etc)</small>
Fruits:			
Apples			
Apricots			
Blueberries			
Cherries			
Cranberries			
Currents			
Grapes			

	Grown on Own Farm (Check all that apply)	Purchased from Another Source (Check all that apply)	Other Source: (Must list name of Farm/Auction/Wholesale Market, etc)
Nectarines			
Peaches			
Plums			
Raspberries			
Rhubarb			
Watermelon			
Other			
Other			
Other			
Produce:			
Artichoke			
Asparagus			
Beans			
Beets			
Broccoli			
Brussel Sprouts			
Cabbage			
Carrots			
Cauliflower			
Celery			
Corn			
Cucumber			
Eggplant			
Garlic			
Leeks			
Lettuce			
Mushrooms			
Onions			
Parsnips			
Peas			

	Grown on Own Farm (Check all that apply)	Purchased from Another Source (Check all that apply)	Other Source: (Must list name of Farm/Auction/Wholesale Market, etc)
Peppers			
Potatoes			
Pumpkin			
Radishes			
Rutabaga			
Spinach			
Sprouts			
Squash			
Sweet potatoes			
Tomatoes			
Zucchini			
Other			
Other			
Other			
Plants:			
Flowers			
Bedding Plants			
Herbs			
Shrubs			
Trees			
Other			
Other			
Other			
Other			

Sales Frontage Required (*Minimum 10 feet*): _____

Seeds:

(Please make sure to list all seeds purchased for the growing season and attach all seed bills)

Other Source Contact Info:

(Please make sure to list information from all sources used)

Name	Address	Phone Number

Application Guidelines:

1. All applications are reviewed by the Vendor Management Committee prior to approval. It takes at **least two weeks** for your application to be reviewed and all applicants will be contacted once the review process is complete. You **must** receive approval before you are permitted to vend.
2. IF being considered for approval, all applicants will be required to submit a Region of Waterloo Public Health Farmers' Market Application for approval.
3. All vendors are required to carry a liability insurance policy at a minimum amount of \$2,000,000 listing the Schlegel Urban Developments o/a St. Jacobs Farmers' Market as an additional insurer.

By signing below, I attest that the information listed above is full and complete and that I have provided all requested information.

Vendor Signature

Date

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

Approved: _____ Contacted by: _____ Entered: _____
Waitlist: _____ Compliance: Insurance Health Dept. Proof of Grower

Comments:

