

2022 PRESCOTT FARMERS' AND CRAFTERS' MARKET DAILY/SEASONAL VENDOR APPLICATION

CHECK ONE:	NEW APPLICATION	RETURNING
CHECK ONE:	SEASONAL VENDOR	DAILY VENDOR
NAME:	(Please print)	
	(Flease print)	
MAILING ADDRESS:		POSTAL CODE
TELEPHONE: (Personal)		(Business)
EMAIL:		
INSURANCE INFORM	ATION	
Name of Insurer:		
Policy Number:		
	stand that I must submit a cate to the Market Clerk	• •
Business Social Med	lia	
Facebook:		
Instagram:		
Website:		

MARKET FEES:

Seasonal Vendor Fee \$175.00
10 Market Vendor Fee \$115.00
Daily Vendor Fee \$15.00
Mobile Food Vendor Daily Fee \$75.00
Not-for-Profit Vendor Fee \$0.00

(HST included in all fees)

l horoby co	nfirm that approximately% of the above-described items have
	me or grown on my property.
	actively sell merchandise at the Prescott Farmers' and Crafters' Mark ollowing months:
	May June July Aug Sept Oct
	<u>OR</u>
	(If Pre-Registering for Limited Dates Only)
	ctively sell merchandise at the Prescott Farmers' and Crafters' Market de

- 4. Having read the Farmers' and Crafters' Market Handbook, I hereby agree to comply fully with these and all other Federal, Provincial and Municipal regulations that apply. I understand that I may forfeit my right to sell at The Farmers' and Crafters' Market if I am found to be in non-compliance with said rules and regulations. Further, I understand that the acceptance of the appropriate fee does not constitute execution of this application. Upon review for compliance applicants will be notified as to the result of their application.
- 5. I understand that by submitting this application, I am subject to the standards of the Prescott Farmers' and Crafters' Market and must allow my goods to be evaluated by the Market Clerk. If the Market Clerk does not accept my products as of high quality and approve my participation in the Prescott Farmers' and Crafters' Market, I understand that I may appeal the decision of the Market Clerk to the Farmers' and Crafters' Market Task Group to the Farmers' and Crafters' Market Task Group within 15 days of being notified of the Market Clerk's decision. On appeal, the Farmers' and Crafters' Market Task Group

has the power to affirm or reverse the decision of the Market Clerk.

- 6. I hereby agree to indemnify and save harmless to the Town of Prescott from and against any and all claims, demands, causes of action, loss, costs or damages that the Town of Prescott may suffer, incur or be liable for, resulting from the performance or non-performance of the Vendor of his or her obligations under the license whether with or without negligence on the part of the Vendor, the Vendor's employees, directors, contractors and agents.
- 7. I understand that vendors at the Prescott Farmers' and Crafters' Market are required to hold Vendor Insurance and that all vendors must submit a valid copy of their Insurance Certificate to the Market Clerk prior to attending their first Market.
- 8. I acknowledge that I have received and agree to abide with the following documents: By-law; Prescott Farmers' and Crafters' Market Vendors' Handbook; Leeds, Grenville and Lanark District Health Unit Guidelines.

Signature of Vendor	Date
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Reviewed by	Date
Accepted (()) Den	nied (O)

To process Market Applications

Municipal Act, R.S.O. 1990, c.M45, S. 210 (72)

Town of Prescott, 613-925-2812 ext. 6222

Legal Authority:

Uses:

Contact: