

LADYSMITH FARMERS' MARKET Make it, Bake it, Grow it!

2015 Spring Market at 49th Parallel Grocery Application

Vendor Name (please print)	
Business Name	
Telephone Number	
E-mail (please print clearly)	Website/Facebook
Street Address	
City & Postal Code	
Mailing Address (if different)	
Vehicle make, model & license number	
☐ New vendor	
☐ Returning vendor	
Products/Services	
List ALL items you will be selling. Items n sheet if necessary.	ot listed will not be permitted for sale. Use a separate
Special requests:	

Vendor Type and Fees: (GST Included) Market runs from April 14 th to May 26 th (Tuesdays) from 9:00 am to 1:00 pm Full time Vendors: Please attach your cheques postdated March 31, 2015 to your application.					
Full Time Regular Vendor (Fees due l Administration Fee Vendor Fee Total Annual Fee			by March 31, 2015) \$20 (Waived if already a Beach Market vendor) \$120 \$140		
•	n Vendor (Fees due before Administration Fee Daily Vendor Fee Total Fees Due		ket attended) (Waived if already a Beach Marke	et vendor)	
-			ard. Please make cheque(s) payal ne necessary forms (see check list		
P.O. Box 598 Ladysmith, BC V9G 1A4	or drop off	at:	33 Roberts Street Ladysmith, BC		
Check list ☐ Completed and signed application ☐ Signed Acknowledgement Signature Page ☐ Payment					
Food Vendors ☐ Signed food ☐ PH tests ☐ VIHA permi	d safety agreement				
	,	F-		A 11: 11:	
Administrator	s notes	Rec'o	Received By: d in Office On: osited On :	Adjudication	

LADYSMITH FARMERS' MARKET ACKNOWLEDGEMENT SIGNATURE PAGE

I	do hereby acknowledge that I have read
(Name)	
and I have received a copy of the	Rules and Regulations and the Code of Conduct nese documents for my records. Further, I do ne statements contained therein.
Signature:	
Date:	