

# St. Jacobs Farmers' Market Produce Application

Date: \_\_\_\_\_

There are 3 types of permits issued for produce vendors at the St. Jacobs Farmers' Market, as described below. Based on their growing season and additional items sold, applicants may fall in more than one of the categories during the Outdoor Market season. **Please select all that apply and identify the months each permit is required.**

<input type="checkbox"/> <b>Grower</b>	<input type="checkbox"/> <b>Grower Plus</b>	<input type="checkbox"/> <b>Reseller</b>
Business Name: _____		
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:** \_\_\_\_\_

	<b>Seasonal – Thursday and Saturday</b> ( <i>weekly between March 31 to October 29, 2022</i> )	
	<b>Seasonal – Thursday Only</b> ( <i>weekly between March 31 to October 27, 2022</i> )	
	<b>Seasonal – Saturday Only</b> ( <i>weekly between April 2 to October 29, 2022</i> )	
	<b>Daily</b> ( <i>Casual – no weekly commitment</i> )	<b>Daily Premium VIP</b> ( <i>10 pack of passes</i> )
	<b>Shoulder Season</b> ( <i>weekly November to December</i> )	
	<b>Winter Season</b> ( <i>weekly January to March</i> )	

**Description of Farm:**

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

**Description of Products For Sale:**

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

	Grown on Farm	Purchased from another source to Supplement	Purchased from another source as Additional Items	From Where? (Must list name of Farm/Auction/Wholesale Market, etc)
<b>Fruits:</b>				
Apples				
Apricots				
Blueberries				
Cherries				
Cranberries				
Currents				

	Grown on Farm	Purchased from another source to Supplement	Purchased from another source as Additional Items	From Where? (Must list name of Farm/Auction/Wholesale Market, etc)
Grapes				
Nectarines				
Peaches				
Plums				
Raspberries				
Rhubarb				
Watermelon				
Other				
Other				
Other				
<b>Produce:</b>				
Artichoke				
Asparagus				
Beans				
Beets				
Broccoli				
Brussel Sprouts				
Cabbage				
Carrots				
Cauliflower				
Celery				
Corn				
Cucumber				
Eggplant				
Garlic				
Leeks				
Lettuce				
Mushrooms				
Onions				

	Grown on Farm	Purchased from another source to Supplement	Purchased from another source as Additional Items	From Where? (Must list name of Farm/Auction/Wholesale Market, etc)
Parsnips				
Peas				
Peppers				
Potatoes				
Pumpkin				
Radishes				
Rutabaga				
Spinach				
Sprouts				
Squash				
Sweet potatoes				
Tomatoes				
Zucchini				
Other				
Other				
Other				
<b>Plants:</b>				
Flowers				
Bedding Plants				
Herbs				
Shrubs				
Trees				
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 Sources:**

**(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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_