



NEW MARKET VENDOR APPLICATION

Please fill out this application and submit to Market Manager, either via email or in person at the Market on Saturday mornings, 8am-12:30pm. It will be reviewed by the Owen Sound Farmers' Market Vendors' Association and the Market manager at their soonest convenience.

YOUR INFO

Your name _____

Your Business Name _____

Your Address _____

If home address is not farm address, please provide address of farm.

Telephone and Cell _____

Email _____ Website _____

Preferred contact method: Email Phone

YOUR PRODUCTS

Please indicate clearly what product(s) you plan to sell at the Market. Please be specific. Only items listed on your application will be allowed to be sold at your stall.

If product is a food product, please provide the address of the Health Unit Inspected kitchen where the food is prepared.

If product is a food product requiring processing or inspection (meat, poultry, eggs, cheese) please provide name and address of processing facility.

Please fill out and sign back →

PRODUCT CLASS (please choose one by circling class)

CLASS A	CLASS B	CLASS C	CLASS D	CLASS E
fruits, vegetables, plants	meat, cheese, poultry, eggs, fish	baking	craft	specialty, other

Please check all that is appropriate: I AM A **PRODUCER** I AM A **DISTRIBUTER**

STALL SIZE (please indicate your preference by circling)

INDOOR STALL (3' x 2')	OUTDOOR STALL (8' x 20')
\$10 per stall (maximum of 2)	\$15/\$30 per stall
How many stalls do your require?	How many stalls do your require?

THE FINE PRINT

- Market regulations require that you produce at least 75% of your product. 100% is preferred. For example, you grow the vegetables, you make the craft, you bake the muffins, etc. The Manager and or Board of Directors may require some validation such as a vendors permit number, farm registration number, etc.
- A declined application may be accepted at another time, in different circumstances. The Market thrives on variety. "Applications are reviewed with this in mind.
- All vendors are expected to participate in the operations and decisions affecting Market. The Market Association is a cooperative governed by the Board of Directors who are vendors elected every year at the Annual General Meeting. There are also maintenance, special events and fundraising events which require the participation of all vendors.
- All vendors should read the "Vendors Handbook"

Vendor Applicant Name _____

Applicant's Signature _____

Application Date _____

Manager's Signature _____

Thank you for your interest in the Owen Sound Farmers' Market. You will be contacted after the Owen Sound Farmers' Market Vendors' Association and the Market Manager have reviewed your application.

Owen Sound Farmers' Market

Attn: Market Manager

114 8th St E, Owen Sound

owensoundmarket@gmail.com

519.371.3433

Open every Saturday from 8am to 12:30pm, year round.



This contract is between the Owen Sound and District Farmers' Market Association and

(Vendor)

The Owen Sound and District Farmers' Market Vendors Association agrees to rent space to the Vendor at the City of Owen Sound's property known as the "Farmers' Market" located at 114 8th Avenue East, and parking lot adjacent to City Hall.

The City of Owen Sound and the Owen and District Farmers' Market Vendors Association's insurance policies do not cover Market Vendors or their products. Please review your insurance policy with your personal insurance broker/agent to clarify your coverage. It is encouraged that vendors have the proper liability insurance (*minimum 2 million dollars coverage*). A copy of the insurance certificate should be made available to the Owen Sound and District Farmers' Market Vendors Association. As a vendor you agree to discharge the City of Owen Sound, The Owen Sound and District Farmers' Market Vendors Association, and or their agents from any and all claims or liability for damages or loss of property that may result from any act or omission on the part of the permittee or its agents while using the Market facilities.

Dated this _____ day of _____ 20____

Signature of Vendor

Dated this _____ day of _____ 20____

Signature of Market Manager

Vendor Conflict Resolution Process and Code of Conduct

- 1) All vendors will be respectful to the Owen Sound and District Farmers' Market Association (OSDFMA) Executive members, fellow vendors and customers.
- 2) All vendor issues/concerns/grievances will be directed to the OSDFMA Manager who will attempt to resolve the situation.
- 3) If the situation cannot be resolved by the Market Manager the vendor will be requested to submit a detailed letter of complaint to the OSDFMA Executive.
- 4) The Executive may request a meeting with the vendor to further discuss the issue at the next OSDFMVA meeting.
- 5) The Executive has the authority to make the final decision on the outcome of the grievance and the penalties for non-compliance.
- 6) Vendors will respect the privacy and confidentiality of others. Personal vendor information (for example: illness, personal hardship) will only be shared by the OSDFMA Executive upon receipt of verbal or written consent from the affected party.
- 7) All vendors are required to review and sign the Vendor Conflict Resolution Process and Code of Conduct document for submission with their vendor application and fees and upon request.

Penalties for Vendor Non-Compliance:

Category # 1: - Verbal Threatening /Abuse (persons displaying or using intimidation, bullying, withholding and/or aggression towards fellow vendors, customers, staff and/or the Executive).

First Offence: reported and reviewed by the Executive, and response given personally by 2 Executive Members in a warning letter to the vendor and placed on file.

Second Offence: temporary suspension from the market (4 market days)

Third Offence: termination from the OSDFMVA

Category # 2: - Physical Threatening/ Abuse

Zero tolerance resulting in immediate termination from the OSDFMVA. Law Enforcement will be notified.

I have read and agree to comply with the Vendor Conflict Resolution Process, Code of Conduct, and Rules and Regulations for the OSDFMA. I understand that I am responsible for myself/my employees/volunteers and that failure to comply with these rules may result in revocation or suspension of my membership.

Business & Vendor Name: _____

Vendor Signature: _____ Date: _____

Please sign and return to the Manager. These forms are to be kept in the vendor file.