



2020

# Medicine Hat Farmers' Market New Vendor Application

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Market Dates:**

(circle the dates you plan to attend)

May 16	May 23	May 30	June 6	June 13	June 20
June 27	July 4	July 11	July 18	July 25*	Aug 1
Aug 8	Aug 15	Aug 22	Aug 29	Sept 5	Sept 12
Sept 19	Sept 26	Oct 3	*Please note July 25 is a 2 hour market.		

**Number of tables required** \_\_\_\_\_  
**Is power required** \$5.00 extra \_\_\_\_\_  
Deposit for the season \$80.00  
(to be paid prior to starting)  
**Weekly table rates**  
\$40.00 for first table  
\$10.00 each for extras

List all products that you will be selling at the Farmers' Market, these products must be approved before you can bring them to market. Use back of the page if you need more space.  
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By my signature, I declare the information on this form to be complete and accurate and I agree to pay the set rates as set out in this document. I have read the market policies provided to me and agree to follow all regulations described therein. I understand that not all applicants are granted space at the Medicine Hat Farmers' Market and this is the right and responsibility of the market manager to decide allocation of space.

I give permission for business information to be used for product referrals Yes\_\_ No\_\_  
I give permission for business information to be used in marketing of the market Yes\_\_ No\_\_  
I certify that I personally make, bake or grow all the products that I offer for sale Yes\_\_ No\_\_

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

For office use only: Date: \_\_\_\_\_ Payment: \_\_\_\_\_ Cheque # \_\_\_\_\_ Cash: \_\_\_\_\_  
Product approval: Producer \_\_\_\_\_ Baker \_\_\_\_\_ Crafter \_\_\_\_\_ Sundries \_\_\_\_\_ Meats \_\_\_\_\_ Other \_\_\_\_\_ Manager \_\_\_\_\_

A huge thank you to the  
Medicine Hat Exhibition &  
Stampede  
for sponsoring us for  
the past 23 years!



For more information:  
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