



Niagara Falls Farmers' Market Vendor Application Form

Please Print the following information

Name(s): _____

Address: _____

City: _____ Postal Code: _____

Website: _____ Email: _____

Home Telephone: _____ Business Telephone: _____

Cell Number: _____ Fax : _____

Farmer / Grower

Farm Name: _____

Farm Address: _____

Reseller of Products

* If reseller where do you get your products from:

Farm Name:

_____ Other: _____

Please check all categories you will be selling and list items :

Fruit *Organic*

Vegetable *Organic*

Flowers Cut Potted Plants Herbs

Dairy/Cheese

Eggs

Meat Fish/Seafood

Preserves Jams Syrups Oils Honey Dips

Baked Good Confections

Arts & Crafts _____

Other _____

Print Name: _____ Signature: _____

Please Return Form to:
 Facility Manager : Carmen Mignelli
 Niagara Falls City Hall
 4310 Queen Street
 Niagara Falls, ON L2E 6X5

FOR ADMINISTRATION PURPOSES ONLY	
Payment Schedule	
Outdoor Stall #'s	Fees
	Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> \$125.00 \$75.00 \$25.00
	Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> \$125.00 \$75.00 \$25.00
	Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> \$125.00 \$75.00 \$25.00
	Art & Craft Table \$10 Daily <input type="checkbox"/>
Inside Stalls	*Inside Stalls - #1, #2 & #3 + \$1000.00 annual <input type="checkbox"/>
	#4 - \$500 annual <input type="checkbox"/>

Subtotal	\$
HST	\$
Total	\$

Paid: Cash Cheque

Date Received: _____

Received By: _____