



# COLUMBIA VALLEY CHAMBER OF COMMERCE 2016 VENDOR APPLICATION

Email Shannon Root - [market@cvchamber.ca](mailto:market@cvchamber.ca) or call (250)342-2844 or (250) 270-1402

## 2016 MARKET DETAILS

The Columbia Valley Chamber of Commerce Local Market features only handmade, baked and grown products. If you are unsure if your product qualifies, please review the BC Association of FARMERS MARKET (BCAFM) guidelines although please note this market will not be a registered Farmers' Market this year. Please submit the application by email or in person with payment. Methods of payment include cash, cheque, credit card or debit.

Vendor's spaces are 10'x10' (unless otherwise specified). Set up will be from 7am to 9am. The market will be open until 1pm. Please avoid removal of booths prior to 1pm. The vendor will provide all tables, tents, signage (pertaining to your business), etc. Please be thoughtful and respectful to other vendors.

**THE COLUMBIA VALLEY CHAMBER OF COMMERCE DOES NOT PROVIDE INSURANCE TO VENDORS TO PROTECT THEM FROM POSSIBLE LIABILITY CLAIMS.**

**We recommend you obtain insurance through a private insurer.**

## SUMMER MARKET – Pricing & Dates

**Full Season** (12 Wednesdays, 12 Thursdays = 24) \$150] +GST)

**Part Time** (Wednesday \$10, Thursday \$10 + GST)





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Business Name: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work/Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Vendor: Please check all that apply:  FARMER/GROWER  FOOD PRODUCER  ARTISAN

Please detail the specific products you will be selling at the Market: \_\_\_\_\_

Are you a member of the Columbia Valley Chamber of Commerce? (check one)  YES  NO

Level of participation –  Full Season  Part Time *list dates* \_\_\_\_\_

## FOOD VENDORS ONLY

Please detail what food products you will be selling at the market: \_\_\_\_\_

I have read, understood and comply with the Interior Health Authority guidelines for "Sale of Food at Temporary Food Markets." (please check and initial)  YES initial: \_\_\_\_\_

Please provide your IHA food permit number issued: \_\_\_\_\_

Will you operate a burner or open flame to prepare foods at the market?  YES  NO

If YES, you must have a fire extinguisher on site with a minimum rating of 2a 10bc.

Vendor name: \_\_\_\_\_ Vendor Signature: \_\_\_\_\_

I certify that all products offered for sale at my site at the Columbia Valley Chamber of Commerce will be handmade, baked and grown products made by myself or under my direction. I have read the BCAFM vendor guidelines and agree to comply with them. I also agree to follow all application requirements of the interior health authority.

All information submitted on this form is accurate to the best of my knowledge. If found to be otherwise by the market organizer, I recognize that disciplinary measures will be taken including suspension or expulsion from the market.

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

Print Name: \_\_\_\_\_ Vendor Name: \_\_\_\_\_