



Valemount Farmers' Market - Vendor Application Form

Please complete and submit this form in advance (ideally 30 days in advance) of the first market you would like to attend. Please mail to Valemount Learning Centre, PO Box 789, Valemount, BC V0E 2Z0, email to manager@valemountlearningcentre.org, or drop off at #16-1295 Gordon Road, Valemount, BC.

ALL FOOD VENDOR APPLICATIONS NEED TO BE SUBMITTED TO NORTHERN HEALTH FOR REVIEW.

Vendor Information:

Name of Vendor: _____

Phone Number: _____

Email Address: _____

Your products being sold:

High Risk Products: Yes ____ No ____ (If yes, Northern Health approvals are attached.)

Food Safe Certificate: Yes ____ No ____

Season Paid in Full (\$150): Yes ____ No ____ Receipt issued: Yes ____ No ____

Membership Fee Paid (\$10): Yes ____ No ____ Receipt issued: Yes ____ No ____

If you are not sure whether or not your products are high risk, please go to:
<https://bcfarmersmarket.org/health-safety/>

Dates Planning to Attend*:

ALL DATES (circle here if planning to attend all dates)

Or, circle specific dates below:

- June: 23 30
- July: 7 14 21 28
- Aug: 4 11 18 25
- Sept: 1 8 15 22 29

* If you cannot confirm dates in advance, please submit this form as soon as possible, and then contact the Valemount Learning Centre at 250-566-4601 no later than Wednesday at noon the day before the market you would like to attend, to secure a space at the market.

Declaration:

I have read and understand the Valemount Farmers' Market Rules and Regulations, including those pertaining to additional Covid-19-related restrictions, and will follow all rules and regulations that apply to me as a vendor. I am responsible for following all local health regulations, and I have read and understand the Temporary Food Market Guidelines document as provided by the Northern Health Authority.

Signature of Vendor: _____

Date Signed: _____

Signature of Market Representative: _____