



Valemount Farmers' Market Vendor Application Form - 2026

Please complete and submit this form in advance of the first market you would like to attend. Please mail to The Learning Centre, PO Box 789, Valemount, BC V0E 2Z0, email to valemountmarket@outlook.com, or drop off at #16-1295 Gordon Road, Valemount, BC. (Note: if your products are eligible for the Nutrition Coupon Program, you must agree to participate in the program, and enrol for that separately, before accepting any coupons.)

Vendor Information:

Name of Vendor and Business name: _____

Phone Number and email address: _____

Describe the products you are selling: _____

ALL VENDORS OF HIGHER RISK FOODS MUST BE APPROVED BY NORTHERN HEALTH.

To determine if your food products are higher risk, refer to the Guideline for the Sale of Foods at Temporary Food Markets, from the BC Centre for Disease Control, available for download here: <https://bcfarmersmarket.org/health-safety/>
For higher risk foods prepared offsite, you will need to fill out **Appendix IV** and submit it to Northern Health.
If preparing food onsite, you must apply for a Temporary Food Permit from Northern Health here: <https://www.northernhealth.ca/services/environmental-health/food/temporary-food-permits-and-markets>

Higher Risk Foods or Foods prepared on site? Yes _____ No _____ (If yes, attach Northern Health approvals.)

Fees: Buskers - No fees required. (We may provide a tent and plug-in if available)

Membership Fee Paid (\$10 per vendor, due at or before first market attended): Yes _____ No _____

Vendor Fees - \$10 per market day, or \$5 for Junior (under 16): \$ _____ for _____ (number of markets)

Non-profit, environmental, educational, social info only? (Exempt from fees) Yes _____ No _____

Dates Planning to Attend: (If you cannot confirm dates in advance, please submit this form as soon as possible.)

ALL DATES Or, circle specific dates:
June: 11 18 25 July: 2 9 16 23 30
Aug: 6 13 20 27 Sept: 3 10 17 24

Declaration: I have read, understand and agree to follow the Valemount Farmers' Market Rules and recognize I am responsible for and agree to follow all local health regulations for any food items I sell.

Signature of Vendor: _____

Date Signed: _____

Signature of Market Representative: _____