

Alberta Farmers' Market Market Update December 2009

Market Name:	
Manager Name:	
Address:	
City:	Postal Code:
Phone #:	Fax #:
E-mail Address:	How long have you been manager at this market?

A. Market Organization: (please check **either** a or b)

- a. Our market is sponsored by a non-profit group or organization. Please check which of the following is your sponsor:
- An agricultural society (name: _____)
 - A local chamber of commerce
 - A municipality
 - other (name: _____)

OR

- b. Our market is incorporated specifically for the purpose of operating an Approved Market under legislation of the:
- Societies Act – Our corporate number is: _____
 - Cooperatives Act (as a new generation cooperative)

- c. Do you pay your market manager? Yes
 No

If yes,

- Is it a wage, if so, what is the salary? _____
- Free table rental
- Honorarium

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- d. What is the table rent per week at your market? _____
- e. Do you have a yearly or seasonal rate? If yes, what is it? _____
- f. If you do not charge by table, please explain how vendors are charged rent.

- g. Does your market produce a market newsletter? _____
- h. If so, how often is it produced? _____
- i. Is it aimed at vendors? customers? both? _____
- j. On average, how many customers come to your market each market day?

B. Liability Insurance:

The activities of this market are covered by liability insurance Yes
 No

Insurance Carrier Name: _____

Policy Number: _____

Please provide a copy of your first page of your insurance information, showing your current coverage.

If you **do not** have market liability insurance, your **approval status will be revoked**. If you need assistance in obtaining liability insurance contact the Alberta Farmers' Market Association (AFMA) at (780) 644-5377.

Do you require proof of insurance for **vendors**? Yes
 No

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C. Finances:

- a. Our farmers' market has its own bank account Yes
 No

OR

- Farmers' markets deposits and expenses are kept as part of the bank account of the sponsor Yes
 No

- b. All expenses for the market are paid by cheque Yes
 No

- c. All cheques and expenditures have two signatures (individuals signing are not related by blood or marriage) Yes
 No

- d. Our farmers' market financial statements are audited or reviewed annually Yes
 No

If yes: who audits/reviews the statement?

- a certified accountant
- the sponsor of the market
- a member of the farmers' market
- other (please specify) _____

D. Please list your board of directors and/or executive of your market.

Name:	Position:
Address:	Phone Number:

Name:	Position:
Address:	Phone Number:

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Name:	Position:
Address:	Phone Number:

Name:	Position:
Address:	Phone Number:

E. Please provide a complete list of all vendors at your market in 2007. You may use the attached forms or provide your own listing provided that it contains all the required information.

F. This document was completed by:

Name: (please print)
Signature:
Address:
Phone Number:

G. Sponsor (if applicable): I have reviewed this document and found the information to be correct.

Name: (please print)
Signature:
Mailing Address:
Phone Number:

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