



**Alberta Approved Farmers' Market Program - Annual Paperwork Package**

Welcome to the paperwork package for the Alberta Approved Farmers' Market Program. This package includes:

* Website/Mobile Phone App form
* Market Information form
* Statistical Update form
* Vendor List (separate document sent at same time)

Submission of these forms is required by *no later than* ***January 15, 2018*** in order for your market to retain approval status for the upcoming market year.

Once you have completed all the forms, please save them and email the documents to [ab.approvedfarmersmarket@gov.ab.ca.](mailto:ab.approvedfarmersmarket@gov.ab.ca)

**Please Fill Out All Forms Completely**

2017 annual paperwork

 **Website/Mobile Phone App Information**

The personal information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used for the purpose of administering the Alberta Approved Farmers’ Market Program. If you have any questions about the collection, use or disclosure of your personal information, please contact the Farmers’ Market Specialist, Alberta Agriculture and Forestry at 4701 – 52 St., Box 24, Vermilion AB T9X 1J9 or telephone: 780-853-8223 or fax: 780-853-4776.

## Purpose

As a service to all Alberta approved farmers’ markets, Alberta Agriculture and Forestry (AF) offers a website and mobile phone app to assist you in advertising your market. By completing this form you give permission to AF to post on the [www.agriculture.alberta.ca/](http://www.agriculture.alberta.ca/) farmersmarkets website and the farmers' market mobile phone app.

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| --- | --- |
| Market Information | |
| Market Name  Click here to enter text. | Market Location (Town or City, **AND** Building Name)  Click here to enter text. |
| Street Address of Market *(this will be used for the correct placement of your market on our website and mobile phone app)*  Click here to enter text. | |

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| Market Operation Information | | | | | | | | | |
| Operates: *(please select and specify hours of operation)* | | | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | | | Thursday | Friday | | Saturday |
| Start Time:  Click here to enter text. | Start Time:  Click here to enter text. | Start Time:  Click here to enter text. | Start Time:  Click here to enter text. | | | Start Time:  Click here to enter text. | Start Time:  Click here to enter text. | | Start Time:  Click here to enter text. |
| End Time:  Click here to enter text. | End Time:  Click here to enter text. | End Time:  Click here to enter text. | End Time:  Click here to enter text. | | | End Time:  Click here to enter text. | End Time:  Click here to enter text. | | End Time:  Click here to enter text. |
| Enter the frequency of which your market runs (e.g. weekly, bi-weekly, or monthly) Click here to enter text. | | | | | Market Opening Date *(yyyy-mm-dd)*  Click here to enter text. | | | Market Closing Date *(yyyy-mm-dd)*  Click here to enter text. | |
| Special Markets *(including date, time, and location)* Please note special markets will only be shown as a special market if dates/times and/or location is different than regular markets: Click here to enter text. | | | | | | | | | |
| Is your market an:  Indoor market  Outdoor market  Both | | | | | | | | | |
| Contact Information | | | | | | | | | |
| Contact Person for Market Inquiries (for internal use only - not for public distribution) Click here to enter text. | | | | Telephone Number for Market Inquiries (for public distribution)  Click here to enter text. | | | | | |
| Email Address (for public distribution)  Click here to enter text. | | | | | | | | | |
| Does your market have a Website/Facebook page?  Yes  No | | | | | | | | | |
| If yes, what is it? **Website:** Click here to enter text. | | | | | | | | | |
| **Facebook:** Click here to enter text. | | | | | | | | | |

## Alberta Approved Farmers' Market

**Market Information**

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| --- | --- |
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**Purpose**

The information you provide regarding your Farmers’ Market is necessary for the administration of the Approved Farmers’ Market Program to verify that your market is operating within the Guidelines as an approved Alberta Agriculture and Forestry (AF) farmers’ market. Information collected on this form is for internal use only and will not be shared outside Approved Farmers’ Market Program staff.

Under normal administration of the Approved Farmers’ Market Program, we use the contact information you provide, including your email, to communicate with you as may be required.

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| Market Information | | | | | | | |
| Market Name  Click here to enter text. | | | | | | | |
| Market Website  Click here to enter text. | | | | | | | |
| Market Facebook Page  Click here to enter text. | | | | | | | |
| Market Mailing Address  Click here to enter text. | | | | City/Town  Click here to enter text. | | | Postal Code  Click here to enter text. |
| Manager Information | | | | | | | |
| Manager Name  Click here to enter text. | | | | | | | |
| Phone Number  Click here to enter text. | Cell Number  Click here to enter text. | Fax Number  Click here to enter text. | | | | Email Address  Click here to enter text. | |
| Sponsor Information (if applicable) – Please go to the next section if market is a non-profit society | | | | | | | |
| Sponsoring Organization Name  Click here to enter text. | | | | | President Name  Click here to enter text. | | |
| Phone Number  Click here to enter text. | Email Address  Click here to enter text. | | | | | | |
| Board of Director/Advisory Committee Information | | | | | | | |
| **President Name/Advisory Committee Chairperson**  Click here to enter text. | | | | | | | Phone Number  Click here to enter text. |
| Address  Click here to enter text. | | | City/Town  Click here to enter text. | | | | Postal Code  Click here to enter text. |
| Email Address  Click here to enter text. | | | | | | | |
| **Secretary/Treasurer Name**  Click here to enter text. | | | | | | | Phone Number  Click here to enter text. |
| Address  Click here to enter text. | | | City/Town  Click here to enter text. | | | | Postal Code  Click here to enter text. |
| This document was completed by: | | | | | | | |
| Name:  Click here to enter text. | | | | | | | |

## Alberta Approved Farmers' Market

**Statistical Update**

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**Purpose**

The information you provide regarding your Farmers’ Market will be used as follows:

* to verify that your market is operating within the guidelines as an approved Alberta Agriculture and Forestry farmers’ market
* to compile statistical information that will be published in aggregate form
* to support your market’s efforts to grow and expand

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| --- | --- |
| Market Information | |
| Market Name  Click here to enter text. | Manager Name  Click here to enter text. |
|  | |
| Market Organization | |
| a)  Our market is sponsored by a non-profit group or organization | Our sponsor is: Click here to enter text. |
| 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: Click here to enter text. | |
| Cooperatives Act (as a new generation cooperative) | |

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| Market Statistics | | | | |
| a) Do you pay your market manager?  Yes  No | | | | |
| If yes, please check how your manager is compensated: *(multiple selections allowed)* | | | | |
| Free table rental | Honorarium | Per Market | Hourly Rate | Monthly Salary |
| b) What is the table rent per week at your market? Click here to enter text. | | | | |
| c) Do you have a yearly or seasonal rate?  Yes  No If yes, what is it?Click here to enter text. | | | | |
| d) If you do not charge by table, please explain how vendors are charged rent? Click here to enter text. | | | | |
| e) On average, how many customers come to your market each market day? Click here to enter text. | | | | |

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| Liability Insurance |
| Do you require proof of insurance for **vendors**?  Yes  No |
|  |
| This document was completed by: |
| Name: Click here to enter text. |