

Alberta Approved Farmers' Market Program Application Form

Please return completed form to:
 Alberta Agriculture and Rural Development
 Approved Farmers' Market Program
 4701 52 Street, Box 24, Vermilion, AB T9X 1J9
 Fax : 780-853-4776

Date : _____

Applicant :	
Name :	
Contact Person :	
Address :	Postal Code :
Telephone :	Fax :
E-mail :	

This Approved Farmers' Market will operate under the direction of a sponsoring body.
 Yes No

Sponsoring Body :	
Name :	
Contact Person :	
Address :	Postal Code :
Telephone :	Fax :
E-mail :	

Sponsoring Body will provide us with:

- Financial support/loan to get established
- Treasurer assistance – balancing books, paying invoices, etc.
- Financial statement annual review
- Location for market
- Liability insurance coverage, as per floater on their insurance policy
- Other. Please state _____

OR,

This Approved Farmers' Market will be forming its own non-profit association under the Society's Act.

Official Society Name: _____ Number: _____

Note: The information included in this document is being collected to support the requirements as established within the guidelines of the Alberta Agriculture and Rural Development Approved Farmers' Market Program, and will only be used in support of said application, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act.

Market Manager:

Name:
Address:
Telephone:

Provide a description of the Manager's relevant experience, which will assist in his/her farmers' market manager duties:

1. Relevant employment/community/volunteer experience
2. Previous farmers' market experience (specify market, location and duration)

Executive of Farmers' Market Committee:

President (not to be the same person as manager)
Name:
Address:
Telephone:

Vice-President
Name:
Address:
Telephone:

Secretary
Name:
Address:
Telephone:

Treasurer
Name:
Address:
Telephone:

Provide a description of the above noted Board members' relevant experience, which will assist in their board duties with the farmers' market:

1. Relevant employment/community/volunteer experience
2. Previous farmers' market board experience (specify market, position held and duration)

Details of proposed market:

Location (description and address):
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Telephone at location (if applicable):
Number of market days per year:
Opening Date:
Closing Date:
Day(s) of the week:
Time of Day:
Charge per vendor table:
<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Yearly
Expected number of vendor tables:

Vendor rules – written and copy included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate when vendors at this market will receive copies of these rules:

Additional Information about Proposed Market and Location:

Population of Town/City:
Population Of Surrounding Area:
Demographics of Target Market: % Seniors _____ % Families with young children _____ % Working People _____ % College students _____ % Tourists _____ Other (please specify) _____
Facility adequate for proposed vendor pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Room for expanded vendor pool: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed market location accessible to: <input type="checkbox"/> Foot traffic <input type="checkbox"/> Local businesses <input type="checkbox"/> Car traffic <input type="checkbox"/> Public transit

Existing Approved Farmers' Markets Operating in the Area:

Town	
Day(s) and time of market operation	Distance from proposed market
Town	
Day(s) and time of market operation	Distance from proposed market
Town	
Day(s) and time of market operation	Distance from proposed market

Local Officer of Health serving area where proposed market will be located:

Name:
Address:
Telephone:

Additional Questions:

1. Will your market regularly consist of 80% of vendors, marketing Alberta products, which they, an immediate family member or a member of their staff, have grown or produced, processed or baked, or handcrafted?

Yes No

How will you ensure the accuracy of statement #1 above?

Proposed Regular Vendors: (please add pages as needed)

Agricultural Products

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Baked Products and/or Home-Processed Foods

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Handcrafted Products

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Other

Alberta Approved Farmers' Markets must adhere to the 80/20 rule. This means 80% of your vendors must make, bake, or grow their product. 20% (called "other") include retailers, wholesalers, brokers, distributors, etc. Please note BC fruit vendors fall under this category. **No flea market or used items may be sold at an Alberta Approved Farmers' Market.**

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

Name of Vendor:
Product(s) to be sold:
Address:
Telephone:
E-mail:

This application was completed by:

Signature of Individual Making Application	Date (month, day, year)
Print Name of Applicant	
Signature of Representative from Sponsoring Organization	
Print Name of Representative	

For more information:

Eileen Kotowich
Farmers' Market Specialist
4701 52 Street, Box 24
Vermilion, AB T9X 1J9
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Note: FOIP statement made on the first page of this document applies to all pages inclusively.