



**DUNNVILLE FARMERS' MARKET
VENDOR APPLICATION FORM FOR 2025**

Farm/Business Name: _____ Contact: _____

Mailing Address: _____

Town/City: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____

OFA or CFFO #: _____ Website: _____

Product Information: Please check the products that you intend to bring to the market.

- FRUIT**
- | | | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Apricots | <input type="checkbox"/> Blueberries | <input type="checkbox"/> Cherries | <input type="checkbox"/> Crabapples |
| <input type="checkbox"/> Cranberries | <input type="checkbox"/> Currants | <input type="checkbox"/> Gooseberries | <input type="checkbox"/> Grapes | <input type="checkbox"/> Muskmelon |
| <input type="checkbox"/> Nectarines | <input type="checkbox"/> Peaches | <input type="checkbox"/> Pears | <input type="checkbox"/> Plums | <input type="checkbox"/> Pumpkins |
| <input type="checkbox"/> Raspberries | <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Strawberries | <input type="checkbox"/> Watermelons | |

Fruit not produced by you: _____

- VEGETABLES**
- | | | | | |
|---|------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Vegetables | <input type="checkbox"/> Asparagus | <input type="checkbox"/> Beans | <input type="checkbox"/> Beets | <input type="checkbox"/> Broccoli |
| <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Cabbage | <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Celery | <input type="checkbox"/> Sweet Corn |
| <input type="checkbox"/> Cucumber | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Garlic | <input type="checkbox"/> Leeks | <input type="checkbox"/> Lettuce |
| <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Onions | <input type="checkbox"/> Parsnips | <input type="checkbox"/> Peas | <input type="checkbox"/> Peppers |
| <input type="checkbox"/> Potatoes | <input type="checkbox"/> Radicchio | <input type="checkbox"/> Radishes | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Sprouts | <input type="checkbox"/> Squash | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Zucchini | |

Vegetables not produced by you: _____

OTHER APPROVED PRODUCTS

- | | | | | |
|--|---|---|--|-------------------------------------|
| <input type="checkbox"/> Meat and Fish | <input type="checkbox"/> Grains | <input type="checkbox"/> Plants | <input type="checkbox"/> Confectionery | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Animal & Bird feed | <input type="checkbox"/> Soil | <input type="checkbox"/> Baking | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Feathers | <input type="checkbox"/> Christmas Trees | <input type="checkbox"/> Preserves, jams & jellies | <input type="checkbox"/> Wax |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Wool | <input type="checkbox"/> Nursery Stock | <input type="checkbox"/> Maple Products | <input type="checkbox"/> Handcrafts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Processed Hides | <input type="checkbox"/> Herbs | <input type="checkbox"/> Honey | |
| <input type="checkbox"/> Cider | <input type="checkbox"/> Firewood | <input type="checkbox"/> Flowers & Leaves | <input type="checkbox"/> Food prepared on site | |

Product not on the list explain: _____

Farm Produce Only

Percentage of sales grown by: Self _____% By others in Ontario _____% Outside of Ontario _____%

Please check what type of vehicle you will be bringing to the market and provide the length of the vehicle.

Cube Van Panel Van Mini Van Pickup Truck Car Trailer

Other (please describe) _____ Length of Vehicle: _____

Model: _____ Type: _____ License #: _____

Market vendors from the previous year will be allocated the stall(s) they held the previous year pending they submit the application by the due date.

Each vendor will be allocated a stall(s) prior to the start of the market season (April 5) for the duration of their advance payment. Please note stall(s) that have not been paid in advance will be available to other market vendors for advance payment. Actual placement will depend on a variety of factors such as: the size of your vehicle, when your application is received, # of stalls required, # of weeks attending the market and overall market appearance.

For vendors who choose to pay per market, stall(s) that have not received a payment in advance will be available on a first come, first serve basis.

Option #1: Full Season Permit

Outside Number of Stall(s) _____ at \$225 per stall _____

Tuesday only market Number of Stall(s) _____ at \$150 per stall _____

Association fee (\$20) and Insurance (\$40) \$60.00

Hydro (one-time fee) of \$60 _____

Total to be paid upon approval of application _____

Option #2: Consecutive Three-Month Block

#1: April, May, June #2: July, August, September #3: October, November, December

Please choose consecutive month option: _____

Number of stalls (outside only) _____ at \$200 per stall _____

Association fee (\$20) and Insurance (\$40) \$60.00

Hydro (one-time fee) of \$60 _____

Total to be paid upon approval of application _____

I _____ (your name) of _____ (your business name) have read and agree to abide by the rules and regulations governing the Dunnville Farmers' Market and to ensure a safe and well-run market. As a vendor, I agree to accept full responsibility for any loss, damage or accident occurring on the market as a result of negligence or wilful default on part of the vendor.

Signature: _____

Applications and fees are to be received by the Dunnville Farmers' Market Association by Mar. 29, 2025. Please make cheque payable to Dunnville Farmers' Market Association and return with completed application form to: Kim Drew, 6834 Hwy 3, Canfield, ON N0A 1C0

FOR OFFICE USE ONLY:

Fee: _____ Paid by: chq# _____ or cash Hydro Paid: Yes No Approved: Yes No

Stall #(s) Assigned: _____

Comments: _____
