

Salmon Arm Community Markets Rules & Regulations 2018

Name: _____

Business: _____

Mailing address: _____

City: _____ Postal Code: _____

Residential Address: _____

Address of Leased Land: _____

Must include copy of this lease

Email: _____

Phone: _____

Web Site Address: _____

All members must purchase membership \$10.00

Full season vendor which includes membership fee \$175.00

Second Stall will be free this season unless we run out of room in which case you will pay a daily stall fee of \$10.00. Second stall _____

Daily Vendor Membership one time \$10.00 and then \$10.00 each visit.

I am applying for a full season vendor _____

I am applying as a Daily Vendor _____

Approximate Start Date: _____ Approximate End Date: _____

Do you have perishables? _____ Organic Certification: _____

Lease Agreement included: _____ Liquor Board Authorization: _____

Health Authority Documents Included: _____ Food Safe/Market Safe: _____

Do we have permission to post pictures on Social Media and Web Site. Yes: _____ No: _____

Salmon Arm Community Market Society Declaration 2017

I certify that I make, bake, or grow or raise all products offered for sale at the stall at the Salmon Arm Community Market as set by the rules & regulations.

I have submitted proper documents for Health, Food Safe etc.

I have read and understand the rules and regulations of the Salmon Arm Community Market, and agree to comply with them. I have read and will comply to market policy and conflict resolution.

I, _____ hereby agree to indemnify and hold harmless the Salmon Arm Community Market Society and it s members, directors, officers, and contractors from any claims arising out of or in connection with products. I bring to the Market, the selling of

my products, any item used in my market space for weather protection or as a selling aid, or for any losses or damages, however incurred.

**I understand that I must carry my own insurance for my product and equipment
I agree to abide by the Policy Statement of the Market, confirm that I have ‘made, baked, or grown’ all product sold by me and I have the necessary health authority approval.**

The above information is certify to be accurate, and if found to be otherwise, I agree to accept disciplinary measures as decided by Salmon Arm Community Market Board of Directors, including expulsion from the market without recourse or any monies paid to society.

Signature: _____ Date: _____

Application will be approved by Salmon Arm Community Market Board and you will be notified. If not accepted we will return your fees.

Any NSF Cheque will be subject \$25.00

Send application to: Salmon Arm Community Market
c/o
PO. Box 506
Salmon Arm, BC
V1E 4N6

Declaration of Authenticity of Product

All products listed here. Must be returned as apart of your SACM application

Describe product and how it it is made. For the applicant that have sales of produce and other farm product please provide a drawing and description of location. Copy for your records.
