



## INNISFIL FARMERS' MARKET COMMUNITY GROUPS & ARTISAN EVENT APPLICATION

Market Hours: Outdoor Season (every Thursday)  
June 7<sup>th</sup> through October 4<sup>th</sup>, 2018 \*\*\* 2:00pm – 7:00pm

Location: Innisfil Recreational Complex  
7315 Yonge Street, Innisfil, Ontario

Community Group/Artisan Name:

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Contact Name:

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Email Address:

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Web-site Info:

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Mailing Address:

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Phone Number:

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Booth Requirement & Fees:

Community Groups (no charge):

10 x 10' or 10 x 20'

Required for:

Proposed date(s)

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## Purpose of Funds:

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(Fundraising groups only)

Artisan Vendors (during special events):

10'x10' – \$25.00 per day

Vendor must provide their own shelter

(fire retardant – certified CAN/ULC – S109 or NFPA701), weights/tie down for shelter, tables, chairs, tablecloths, displays, signs, bags, sanitation supplies and all other necessary items for their booth.

## Market Rules & Regulations:

I agree that the information provided is true and accurate, I shall indemnify and hold-harmless, the Innisfil Farmers' Market, its members, employees, the Town of Innisfil from all claims, demands, losses, damages and actions that may arise.

I have read and agree to comply with the Rules and Regulations, Code of Conduct and Conflict Resolution Process for the Innisfil Farmers' Market. I understand that I am responsible for myself/my employees/volunteers and that failure to comply with these rules may result in revocation or suspension of my membership and participation. The booth and products are covered by a minimum \$2 million insurance policy.

Applications must include signed Rules & Regulations, signed Resolution Process & Code of Conduct.

Groups must arrive at the market 60 minutes prior to start of the market session.

For the health & safety of the vendors/patrons this will be strictly enforced.

Please see the Market Manager upon your arrival for your space assignment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applications /Signed Rules & Regulations/ Signed Code of Conduct/ proof of insurance can be mailed to:

Innisfil Farmers' Market

PO Box 7027 Innisfil P.O.

Innisfil Ontario

L9S 1A8

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For Committee Use Only:

Name of Business : \_\_\_\_\_

Date Submitted:

\_\_\_\_\_

Market Date(s) they wish to attend:

\_\_\_\_\_

Approved Y/ N \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_