



STETTLER AG SOCIETY FARMER'S MARKET 2020 VENDOR APPLICATION

Business Name: _____ Phone: _____

Contact Person: _____ Email: _____

Mailing Address: _____

What type of Product do you sell? (please list all types of products that you will be bringing)

Do you make, bake or grow your own products? _____ Yes _____ No

Do you have your Home Study Course for AB Farmers' Markets? _____ Yes _____ No
(Food/Produce/Meat Vendors)

Do you prefer indoor or outdoor space?

How many tables do you require?

(\$20.00/table) _____

Do you require Power? _____ Yes _____ No

I have received and read a copy of the Stettler Farmers' Market Rules and Regulations and agree to abide by them. I understand that they will be strictly enforced and that failure to do so may result in my dismissal from the market.

Date: _____ Signature: _____