



**2023 FRONT STREET FARMERS' MARKET
SEASONAL/DAILY SPACE**
Ward 1 Trenton

CHECK ONE: **NEW APPLICATION** _____ **RENEWAL** _____

NAME: _____
(Please print)

MAILING ADDRESS: _____
POSTAL CODE _____

TELEPHONE:(Home) _____ **(Business)** _____

EMAIL: _____

2023 Annual Fee \$180.00
(HST included paid at City Hall)

Daily Vendor Fee \$20.00
(Initial fee paid at City Hall all
subsequent payments made to the
Market Clerk on site) (HST included)

1. The following is a description of the items or produce which I intend to sell at The Front Street Farmers' Market. Any amendments to items or produce must be brought to the attention of the City of Quinte West and reflected on the application.

2. I hereby confirm that approximately _____% of the above-described items have been produced by me or grown on my lands.

3. I intend to actively sell merchandise at The Front Street Farmers' Market during the following months: on Wednesdays & Saturdays or Wednesday or Saturday

May ____ June ____ July ____ Aug ____ Sept ____ Oct ____

4. Having paid the appropriate fees, and having understood the Farmers' Market Rules and Regulations, I hereby agree to comply fully with these and all other Federal, Provincial and Municipal regulations that apply. I understand that I may forfeit my right to sell at The Front Street Farmers' Market if I am found to be in non-compliance with said rules and regulations. Further, I understand that the acceptance of the appropriate fee does not constitute execution of this application. Upon review for compliance a Licence/Permit will be mailed to the Vendor.

5. I hereby agree to indemnify and save harmless to the City of Quinte West from and against any and all claims, demands, causes of action, loss, costs or damages that the City of Quinte West may suffer, incur or be liable for, resulting from the performance or non-performance of the Vendor of his or her obligations under the license whether with or without negligence on the part of the Vendor, the Vendor's employees, directors, contractors and agents.

6. I acknowledge that I have received and agree to abide with the following documents: By-law; Quinte West Front Street Farmers' Market Vendors' Handbook of Rules and Regulations; Hastings and Prince Edward Counties Health Unit Guidelines; City's Workplace Harassment Policy; City's Workplace Violence Policy; City's Bullying in the Workplace Policy.

Signature of Vendor

Date

Office Use Only:

Reviewed by

Date

Accepted () Denied ()

Legal Authority: Municipal Act, R.S.O. 1990, c.M45, S. 210 (72)
Uses: To process Market Applications
Contact: Quinte West Deputy City Clerk (613) 392-2841 Ext 4422



SPECIAL EVENT/FARMERS' MARKET – FOOD VENDOR NOTIFICATION

Each food vendor to complete and submit this form by email to: EHFax1@hpeph.ca or fax: 613-968-1461

Event Name and Address: _____

Name of Event Organizer: _____ Telephone Number: _____

Date(s) of Event: _____

Food Vendor Information

Owner/Operator: _____

Telephone Number(s): _____ Email: _____

Business Name and Address: _____

► **Submit a copy of the most recent public health food inspection report (from any health unit) with this form**

List menu items: _____

Will all food handling occur at the event/farmers' market? Yes No

If no, where: _____ Is this an inspected premises? Yes No

How will food be transported to the event?

Refrigerated vehicle Insulated containers with ice Thermal containers Other _____

Certified food handler on-site: Yes No

Hand washing facilities*: Yes No N/A Details: _____

*(soap, paper towels, potable water, waste water disposal)

Cold holding equipment: Yes No N/A Details: _____

Hot holding equipment: Yes No N/A Details: _____

Cooking equipment: Yes No N/A Details: _____

Probe thermometers: Yes No N/A

Utensil washing sinks: Yes No N/A Details: _____

Food covered/wrapped: Yes No N/A Details: _____

Owner/Operator Signature: _____ Date: _____

For more information contact Healthy Environments at 613-966-5500 or 1-800-267-2803 ext. 677

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY: 711 or email accessibility@hpeph.ca. For more information, please visit www.hpepublichealth.ca.