Email Shannon Root - market@cvchamber.ca or call (250)342-2844 or (250) 270-1402

2016 MARKET DETAILS

The Columbia Valley Chamber of Commerce Local Market features only handmade, baked and grown products. If you are unsure if your product qualifies, please review the BC Association of FARMERS MARKET (BCAFM) guidelines although please note this market will not be a registered Farmers' Market this year. Please submit the application by email or in person with payment. Methods of payment include cash, cheque, credit card or debit.

Vendor's spaces are 10'x10' (unless otherwise specified). Set up will be from 7am to 9am. The market will be open until 1pm. Please avoid removal of booths prior to 1pm. The vendor will provide all tables, tents, signage (pertaining to your business), etc. Please be thoughtful and respectful to other vendors.

THE COLUMBIA VALLEY CHAMBER OF COMMERCE DOES NOT PROVIDE INSURANCE TO VENDORS TO PROTECT THEM FROM POSSIBLE LIABILITY CLAIMS.

We recommend you obtain insurance through a private insurer.

SUMMER MARKET – Pricing & Dates

Full Season (12 Wednesdays, 12 Thursdays & 12 Fridays = 36) \$200 +GST)

Part Time (Wednesday \$10, Thursday \$10 or Friday \$15 per day(s) + GST)

| April | | | | | | May | | | | | | | Y | June | | | | | | | | |
|----------|----------|----------|----------|----------|--------------|--------------|--|----------|----------------|----------------------|---------------|--------------------|---------------|---------------|--|-------|-----------------|----------|------------|---------------------|-------------------|----------------------------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | | Sun | Mon | Tue | Wed | Thu | Fri | Sat | | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | | 29 | 30 | 31 | | | | | | 26 | 27 | 28 | 29 | 30 | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| Z | | | | | | | | Z | | | | | | | | | | | | | | |
| | | | July | | | | | | | A | ugu | st | | | | | | Sep | ten | ıbe | r | |
| Sun | Mon | | | | Fri | Sat | | Sun | Mon | | _ | | Fri | Sat | | Sun | | | ten Wed | | | Sat |
| Sun | Mon | | | | Fri | Sat 2 | | Sun | Mon 1 | | _ | | Fri 5 | Sat 6 | | Sun | | | | | Fri 2 | |
| Sun 3 | Mon 4 | | | | Fri 1 8 | | | Sun 7 | Mon 1 8 | Tue | Wed | Thu | | | | Sun 4 | | | | | Fri | 3 |
| | | Tue | Wed | Thu | 1 | 2 | | | 1 | Tue 2 | Wed 3 | Thu 4 | 5 | 6 | | | Mon | Tue | | Thu 1 | Fri 2 | 10 |
| 3 | 4 | Tue 5 | Wed 6 | Thu 7 | 1 | 2 | | 7 | 1 | Tue 2 9 | 3 10 | Thu 4 11 | 5 12 | 6 13 | | 4 | Mon 5 | Tue 6 | Wed 7 | Thu 1 8 | Fri 2 | 3 10 17 |
| 3 | 4 | 5 12 | 6 13 | 7 14 | 1 8 15 | 2 9 16 | | 7 | 1 8 15 | Tue 2 9 16 | 3 10 17 | Thu 4 11 18 | 5 12 19 | 6 13 20 | | 4 | Mon 5 12 | 6 13 | 7 14 | Thu 1 8 15 | Fri 2 9 16 | Sat 3 10 17 24 |

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| Business Name: | |
|-----------------------------|---|
| Contact Name(s): | |
| Mailing Address: | |
| Work/Home Ph: | Mobile Ph: |
| Email Address: | Website: |
| Type of Vendor: Plo | ease check all that apply: FARMER/GROWER FOOD PRODUCER ARTISAN |
| Please detail the sp | ecific products you will be selling at the Market: |
| • | of the Columbia Valley Chamber of Commerce? (check one) |
| FOOD VENDO | |
| Please detail what f | ood products you will be selling at the market: |
| | |
| | tood and comply with the Interior Heath Authority guidelines for "Sale of Food at arkets." (please check and initial) YES initial: |
| Please provide you | THA food permit number issued: |
| Will you operate a l | ourner or open flame to prepare foods at the market? YES NO |
| If YES , you must ha | ve a fire extinguisher on site with a minimum rating of 2a 10bc. |
| Vendor name: | Vendor Signature: |
| grown products made b | s offered for sale at my site at the Columbia Valley Chamber of Commerce will be handmade, baked and y myself or under my direction. I have read the BCAFM vendor guidelines and agree to comply with llow all application requirements of the interior health authority. |
| | ed on this form is accurate to the best of my knowledge. If found to be otherwise by the market at disciplinary measures will be taken including suspension or expulsion from the market. |
| Signature: | Date: |
| Print Name: | Vendor Name |