



**NEWMARKET MAIN ST. FARMERS' MARKET  
2023 FARM VENDOR APPLICATION - PAGE 1**

**Note: Submission of an application does not guarantee acceptance as a vendor into the 2023 Newmarket Main St. Farmers' Market. APPLICATIONS ARE DUE FEBRUARY 10TH, 2023. All applicants will receive notice of their application status after March 20th, 2023**

Name of Contact Person: \_\_\_\_\_

Name of business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Business/Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

**If selling PRODUCE**, vendors are asked to submit the following two items if available:

1) Federal farm classification # (Located on Farm Income tax statement): \_\_\_\_\_

2) Ontario Farm Business Registration # (OFA, NFU #, etc.): \_\_\_\_\_

**Select Stall Size:**

- 1 stall (10'x10') = \$90/month, \$475/seasonal + \$25 membership fee
- 1 stall (20'x10') = \$130/month, \$686/seasonal + \$25 membership fee
- 1 stall (30'x10') = \$180/month, \$950/seasonal + \$25 membership fee
- 1 stall (40'x10') = \$240/month, \$1277/seasonal + \$25 membership fee
- 1 stall (50'x10') = \$310/month, \$1647/seasonal + \$25 membership fee

**Hydro Required?**     Y     N

**Payment schedule:**     Monthly or     Seasonal ( Seasonal cannot be prorated)

Note: Seasonal vendors are expected to attend all dates throughout the entire season.

**Method of Payment:**

- cash
- post-dated cheques, for first of each month, payable to "Newmarket Main Street Farmers' Market"
- e-transfer; send to [treasurer@newmarketfarmersmarket.com](mailto:treasurer@newmarketfarmersmarket.com) with password "NFM2023"

**NEW VENDORS ONLY:** if choosing to pay by e-transfer, please DO NOT submit payment until AFTER you have received confirmation of acceptance into the market. **If accepted, payment must be received by April 15th, 2023.**

**All Farm Vendors are required to complete and submit the York Health Vendor Application for Events along with their vendor application. DO NOT SUBMIT FORM DIRECTLY TO THE HEALTH DEPARTMENT. The Newmarket Main St. Farmers Market will submit all vendor forms.**

## 2023 VENDOR APPLICATION - PAGE 2

List specific items to be sold. Include separate sheets if necessary. Please be specific within reason. Example: Do not just list “Baked Goods” or “Fruit” etc.

For items not produced by vendors, please include source of origin. **These items should not exceed 30% of a product for the season.**

Produce vendors please see “PRODUCE VENDOR’S PRODUCT CHECKLIST” (next two pages of application). Non-produce or value-added products should be listed below.

### Items Produced by Vendor

### Items Not Produced by Vendor

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**Having paid the appropriate stall and association fees, and having read and understood the rules and regulation thoroughly, I hereby agree to comply fully with these and all other Federal, Provincial and Municipal rules and regulations that apply. I may forfeit my right to sell at the Newmarket Main Street Farmers' Market if I am found to be in non-compliance.**

**Signature of Vendor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2023 VENDOR APPLICATION - PAGE 3**  
**PRODUCE VENDOR'S PRODUCT CHECKLIST**

Please check under the SELF GROWN or PURCHASED column, next to the item you are planning on selling at the Market

<b>VEGETABLES:</b>	<b>Self Grown</b>	<b>Purchased</b>
Asparagus		
Beans		
Beets		
Broccoli		
Cabbage		
Carrots		
Cauliflower		
Celery		
Chard		
Corn		
Cucumbers		
Eggplant		
Garlic		
Herbs		
Kale		
Leeks		
Lettuce		
Mushrooms		
Onions		
Parsnips		
Peas		
Peppers		
Potatoes		
Pumpkin		
Radishes		
Spinach		
Squash		
Tomatoes		
Turnip/rutabaga		
Zucchini		
Other: (use separate sheet if necessary)		

**2023 VENDOR APPLICATION - PAGE 4**  
**PRODUCE VENDOR'S PRODUCT CHECK LIST (cont'd)**

Please check under the SELF GROWN or PURCHASED column, next to the item you are planning on selling at the Market

<b>FRUITS:</b>	<b>Self Grown</b>	<b>Purchased</b>
Apples		
Apricots		
Blueberries		
Cherries		
Cranberries		
Currents		
Gooseberries		
Grapes		
Melons		
Nectarines		
Peaches		
Pears		
Plums		
Raspberries		
Strawberries		
Thimbleberries		
Blackberries		
Rhubarb		
Other: (use separate sheet if necessary)		

**Applications must be submitted by February 10th, 2023.**

# **Newmarket Farmers' Market**

## **Code of Ethics**

To assure transparency and growth in our industry on a basis of mutual respect, fairness and integrity, and ever-mindful of the public welfare, I, as a member of the Newmarket Farmers' Market have adopted and do hereby subscribe to the Code of Ethics:

- Be a producer of locally grown/raised/made products.
- Offer for sale only merchandise in best quality condition.
- Present well-kept displays, plainly priced and described, with origin of product clearly marked.
- Sell an honest pack, well filled, and meeting stated grade.
- Use no false or deceptive statements.
- Adhere to the highest standards of honest advertising.
- Build business volume on customer confidence.
- Employ only professional, courteous and trained sales people.
- Maintain a clean, attractive market stall.
- Observe all Rules and Regulations of the Newmarket Farmers' Market.
- Be an active member of the Newmarket Farmers' Market.

**I, \_\_\_\_\_, acknowledge that I have read the Code of Ethics and agree to abide by it to the best of my ability. I understand that violation of the Code of Ethics may result in my membership being revoked should the Board of Directors feel it necessary to do so.**

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**Member Signature**

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**Date**

**Applications may be sent in via email to [info@newmarketfarmersmarket.com](mailto:info@newmarketfarmersmarket.com) by Feb.10, 2023**

**OR mailed to:** Newmarket Main Street Farmers' Market  
P.O. 95526 350 Davis Drive  
Newmarket, Ontario  
L3Y 8J8



## VENDOR APPLICATION FORM

If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653, opt. 4**. Completed forms are to be emailed to: [health.inspectors@york.ca](mailto:health.inspectors@york.ca) or faxed to **905-898-8277**.

**Please note: A separate Vendor Application Form must be completed and submitted for each event you participate in, regardless of attendance at multiple special events in one year.**

### SPECIAL EVENT REQUIREMENTS FOR FOOD VENDORS

- All food vendors **MUST** submit a completed Vendor Application Form **at least 10 days prior** to the start of the event.
- If Vendor Application Event Forms have not been received at least 10 days prior to the event, there may not be adequate time to review and approve the vendor prior to the event.
- Vendors must comply with the **Food Safety Guidelines for Special Events** and with applicable sections of the Food Premises Regulation, under the *Health Protection and Promotion Act, R.S.O., 1990*.
- All food served at the event must be obtained from an approved and inspected source.
- A Public Health Inspector will contact you prior to the event to discuss your application.

### VENDOR INFORMATION

Vendor/Contact Name:

Name of Booth/Concession:

Legal Name (Corporation Name/Number):

Address:

Business Phone Number:

Cell Phone Number:

Email Address:

### EVENT INFORMATION

Event Name:

Event Location/Address:

Event Date:

Hours of Operation:

Dates vendor is participating at event:

### PARTICIPATION IN OTHER EVENTS IN YORK REGION

Prior to this event, have you participated in a York Region event this year?  Yes  No

If yes, please provide the name and date of the event(s) you have participated in:

If yes, were you inspected by York Region Public Health?  Yes  No

**PROPOSED FOOD MENU (For additional space to list all food and suppliers, attach a separate page)**

Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:

**Please Note: Food from an uninspected source is not permitted, including uninspected home prepared foods.**

**FOOD PREPARATION**

**Name and address of establishment where food will be prepared PRIOR to the event:**

**Brief description of on-site food preparation methods at event:**

**FOOD HANDLERS**

**Will a certified food handler be on-site, each hour that you are participating at this event?**     Yes     No

**If yes, how many certified food handlers will be present at the event:**

**1. Name of Certified Food Handler:**

Food Handler Certification Program Name:

Certificate Number:

**2. Name of Certified Food Handler:**

Food Handler Certification Program Name:

Certificate Number:

**NOTICE OF COLLECTION**

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long-Term Care.

## FOOD HANDLING AND DISHWASHING EQUIPMENT

<b>What type of equipment will you have on-site? (Check all that apply)</b>	<input type="checkbox"/> Two compartment dishwashing station	<input type="checkbox"/> Probe thermometers
	<input type="checkbox"/> Thermometers for coolers/refrigerators	<input type="checkbox"/> Hairnets/hats
	<input type="checkbox"/> Serving utensils – specify total number:	<input type="checkbox"/> Sanitizing solution
	<input type="checkbox"/> Cooking utensils – specify total number:	<input type="checkbox"/> Other (specify):

## HANDWASHING

<b>What type of handwashing station will be provided in the food handling/food preparation area?</b> Please note it is to be used for handwashing only.	<input type="checkbox"/> Yes – Fixed Sink <input type="checkbox"/> Yes – Portable sink / temporary hand wash station <input type="checkbox"/> No, please explain:
<b>Will you have a supply of liquid soap and paper towels for handwashing sink(s)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:

## FOOD STORAGE AND TRANSPORTATION

In the days prior to the event, where will food be stored?

<b>How will food, prepared prior to the start of the event, be transported to the event?</b>	<input type="checkbox"/> Refrigerator (4°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower)
	<input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Cambro unit (60°C or higher)
	<input type="checkbox"/> Insulated box (60°C or higher)	<input type="checkbox"/> Other (specify):
<b>Cold Holding</b> How do you intend to keep food properly cold?	<input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower) <input type="checkbox"/> Other (specify):
<b>Cold Holding</b> If participating in an event spanning multiple days, how will food be kept cold and where?	<input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower) <input type="checkbox"/> Other (specify):
Location:		
<b>Hot Holding</b> How do you intend to keep food properly hot?	<input type="checkbox"/> Steam table (60 °C or higher) <input type="checkbox"/> Chafing dishes (60 °C or higher)	<input type="checkbox"/> BBQ/Grill (60 °C or higher) <input type="checkbox"/> Other (specify):
<b>Re-heating</b> What method(s) will be used to re-heat food to the proper temperature prior to service?	<input type="checkbox"/> Stove top <input type="checkbox"/> Microwave oven	<input type="checkbox"/> BBQ/Grill <input type="checkbox"/> Other (specify):

### Probe Thermometer

Do you have a probe thermometer that will be used to check the internal temperature of cold and hot held hazardous foods for the event?

Yes       No, please explain:

## CLEANING AND SANITIZING OF UTENSILS

<b>What type of sanitizer will be used for sanitizing utensils?</b>	<input type="checkbox"/> Bleach	<input type="checkbox"/> Other(specify):
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## EQUIPMENT LAYOUT FOR BOOTH

Provide an equipment layout for your booth at the event. The layout can be hand drawn in the space below or attached to this application.

**Please note:** At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, along with a supply of liquid soap and paper towels. A bucket to collect the wastewater must also be in place. This type of a temporary handwashing station must be set up on an elevated surface (i.e., table).

\*Hand sanitizers do not replace the requirement for provision of a handwashing stations.

## COMMENTS

Date:

\_\_\_\_\_  
Vendor's Signature

Accessible formats or communication supports are available upon request.

### NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long-Term Care.