



The Township of Minden Hills

Artisan Market

2020 Vendor Application Form

Where to send this application:

Mail: 7 Milne Street Box 359 Minden, ON K0M 2K0 c/o Elisha Weiss, Community Development Coordinator

In person: 55 Parkside Street (Scout Hall-behind the arena) or Nature's Place (in the Cultural Centre)

PLEASE NOTE: Payment of fees is required with this application!!

Name of Applicant: _____

Phone: _____ Email: _____

PART I: Market Information

- * The Minden Hills Artisan Market will be held in the parking lot of the Township Administration Office, off Milne Street, on Saturday mornings from 10:00am-2:00pm
- * The season starts June 20th and ends October 10th.
- * Fees for each 10x10 space will be \$10 (HST included) per market day. Payment for the days you will be attending must be provided with this application before the actual market day.
- * Please circle the weeks you plan to be at the market:

June	July	August	September	October
20	4	1	5	3
27	11	8	12	10
	18	15	19	
	25	22	26	
		29		
How many spaces would you require each week?				

- * Sharing of space with another vendor at the market is permitted, however each vendor must submit their own vendor application form beforehand. Please indicate who will be the primary contact for the booth (this is the person who will be paying the fees for the space):

Primary Contact: _____

PLEASE FILL OUT BOTH SIDES OF APPLICATION



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PART 2: Product Information

Please provide a brief description of the items you plan on selling

****We are only accepting products that are handcrafted by the vendor****

Description of items:

I have received, read and understand the 2020 Minden Hills Artisan Market Vendor Rules and Regulations, and agree to abide by them. I can contact MHAM for explanation or clarification if I choose. I understand that failure to observe the rules and regulations may result in termination of my involvement in the Minden Hills Artisan Market for this season and any future season.

Signature

Date

OFFICE USE ONLY

Paid by;

Cash

Cheque # _____

Amount Paid: _____

Credit Card

Debit

Received by: _____

Date: _____