Algoma
**PUBLIC HEALTH**
Santé publique Algoma

# Farmer's Market Organizer Application Form

Please complete this form and return it at least **14 days prior** to the beginning of the market season. Completion of this form in detail is essential to the efficient processing of your application.  Please attach additional pages if necessary.

## Send completed form to your local Algoma Public Health office:

**Sault Ste. Marie**
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
1(866) 892-0172

**Blind River**
9B Lawton Street
Blind River, ON P0R 1B0
1(888) 356-2551

**Elliot Lake**
50 Roman Avenue
Elliot Lake, ON P5A 1R9
1(888) 211-6749

**Wawa**
18 Ganley Street
Wawa, ON P0S 1K0
1(888) 211-8074

## Market information:

Market name: _____

Location: _____

Days of operation: (i.e. Saturdays, Fridays) _____

Hours of Operation: (if varies by day please indicate) _____

*(If more than one location, please indicate all locations, days, times on back.)*

Market opening: (proposed date) _____

## Market organizer contact information:

Name: _____

Address: _____

Telephone: (home):_____ (work)_____(cell)_____

Email: _____ Fax: _____

## Exemption Status

For farmers markets, greater than 50% (e.g. 50% +1) of the vendors must be producers of farm products who are primarily selling or offering for sale their own products for the entire market to be exempt from the food premise regulation.

All markets will be inspected at least once per season.  Each market will be assessed seasonally by Algoma Public Health to determine if it meets the requirements for exemption as a Farmer's Market under Ontario Regulation 562/90, Food Premises.   To help determine exemption, please answer:

Does Market operate anytime between **May 1st & October 31st**          ☐ yes   ☐ no

Does Market operate anytime between **November 01st & April 30th**          ☐ yes   ☐ no

<div style="border:1px solid">

**Please <u>ATTACH</u> a complete vendor list, including all non-food vendors**

</div>

**Alternate market locations, days, hours of operation:**

_____

_____

_____

_____

_____

_____

_____

**Other notes, comments:**

_____

_____

_____

_____

_____

_____

_____

## *Office Use only*:

Date received: _____    Date reviewed: _____

Hedgehog #: _____    Area: _____

Exemption May 1$^{st}$ to Oct 31$^{st}$ : ❑ yes    ❑ no    ❑ n/a

# Farm product food vendors: _____    # total vendors: _____    Percentage: _____%

Exemption Nov 1$^{st}$ to April 30$^{th}$: ❑ yes    ❑ no    ❑ n/a

# Farm product food vendors: _____    # total vendors: _____    Percentage: _____%