

POP UP VENDOR APPLICATION

COMPANY AND PERSONAL INFORMATION

Company Name: _____ Cell Phone: _____
Owners Name: _____ Home Phone: _____
Owners Name: _____ Bus. Phone: _____
Mailing Address: _____ Email: _____
City: _____ Web Site: _____
Province: _____ Postal Code: _____

MARKET SPECIFICS

MARKET DATES:

- The Holistic Market runs every weekend, all year round. Friday & Saturday 9-5, Sunday 10-4

TERMS:

- Weekend rentals (pop-ups) are available at the discretion of the market starting a \$25.00 a day.
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SIGNAGE.

- All signage must be approved by the market manager and must follow the market guidelines.

USE:

- The premises shall be used for a market booth.
- Vendors are responsible for their booth to have it represent the market in a favorable way.

PRODUCT DESCRIPTION

Is your product Homemade, baked or grown? Yes No

Provide a detailed description of all the items you intend to sell at the market. Products must be approved by the market manager, products not listed on this form will not be allowed at the market. (Use a separate sheet if needed)

BOOTH RATES

Booths vary in size, price is based on size and location.

Daily rental (pop-ups): From \$25.00

DECLARATION

By my signature, I declare the information on this form to be complete and accurate. I agree to pay the rates as set out in this document. I understand that not all applicants are granted space at the Holistic' Market and that it is the right and responsibility of the Holistic' Market to decide allocation of space. If accepted, this forms a binding agreement. I understand that should my application be accepted; approval will be subject to an interview and product review.

Notice of Collection: The personal information collected on this form will be used to manage the Holistic' market and will only be shared with those individuals responsible for managing and sponsoring the market as well as with the Holistic' Market Specialist with Eye Am Balance Local Development. If you have any questions about the collection and use of your information, please contact this **NUMBER 213 215-0187** or maat@eyeambalance.com

I AGREE TO PAY THE RATES AS STATED AND THE DEPOSIT WHEN DUE.

Signature of Applicant: _____ Application Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Date Approved/Denied: _____

Reason for Denial: _____