



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

FARMERS' MARKET **COORDINATOR** APPLICATION

PART A

Name of Market: _____ Opening Date of Farmers' Market: _____

Market Coordinator Name: _____ Final Date of Farmer's Market: _____

Market Coordinator Phone: _____ Hours of Market Operations: _____

Market Coordinator Email: _____

PART B (check the applicable)

1) Will there be electricity for vendors to use?

- a. **Yes** – there is access to electricity on site.
- b. **No** – Vendor are responsible for their own power generation.

2) Will there be a potable water supply available for vendors to use?

- a. **Yes** – there is municipal water available.
- b. **Yes** – there is private water supply available. I will speak to Public Health Inspector about this system prior to market opening.
- c. **No** – vendors are responsible for their own water supply.

3) Will there be handwashing facilities available on site (that are NOT inside of a washroom)?

- a. **Yes** – there are handwashing facilities inside a building on site.
- b. **Yes** – there are portable handwashing stations on site.
- c. **No** – vendors are responsible for bringing temporary handwashing stations.



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

PART C

#	Name of Vendor / Business	Phone Number	Vendor Application Sent to RCDHU (Y/N) – RCDHU use only

RCDHU USE ONLY:

Percentage of vendors primarily selling farm products = _____ %

Farmers Market O.Reg 493/17 exemption has been given? **YES** **NO**

Signature of PHI: _____ Date: _____