

Kwséltkten Farmers' and Artisans' Market

Tk'emlúps te Secwepemc Powwow Grounds

Kamloopa Powwow Arbour, 345 Powwow Trail, Kamloops, BC V2H 1H1



2024 VENDOR APPLICATION FORM

All vendors must read, accept, and adhere to the 2024 Market Regulations. **All vendors MUST provide their own tables and chairs.** For your application to be considered complete, you will also need to submit a signed 2024 Vendor Contract / Liability Waiver.

If you are wanting to sell any foods other than fresh, whole fruits and vegetables please review the [Guideline for the Sale of Foods at Temporary Food Markets](#). Fulfill any necessary requirements through the First Nations Health Authority (FNHA). **If you are selling prepared, ready-to-eat foods it is essential that you review the FNHA Regulations and establish whether your food is low-risk or high-risk.** Some low-risk foods are permit exempt, but high-risk foods will require a [permit from the First Nations Health Authority](#) or other valid BC Health Authority. For further information please contact Fiona Goorman, Environmental Health Officer, Fiona.Goorman@fnha.ca or at 250.851.4829.

1. **First and Last Name:**

2. **Farm or Business Name:**

3. **Mailing Address:**

4. **Phone / Cell Number:**

5. **Email Address:**

6. **Is your business / farm within the boundaries of the Secwepemc Nation?**

Yes

No

7. **Is your business / farm Indigenous owned and operated or non-Indigenous owned and operated?**

- Indigenous
- non-Indigenous

8. **What is your primary vendor type?**

- Agriculture
- Prepared Food
- Backyard Garden / Grower
- Artisanal / Home-based Business

9. **Please list ALL the products you plan on selling at the market:**

10. **Do you intend on selling organic products at the market?**

- Yes
- No

a) **If yes, what is your organic certification body and organic certification number?**

11. **Do you have insurance? It is strongly recommended that vendors have liability insurance in an amount not less than \$2,000,000.**

- Yes *(please provide a copy naming CFDC of CIFN as an additional insured)*
- No *(your application will still be processed, please get more information from the Market Coordinator)*

12. **I have read and agree to abide by the 2024 Market Regulations.**

- Agree

Signature of Market Vendor / Group Representative

2024 Vendor Fee is \$15.00 per day and may be paid in cash or cheque payable to CFDC of CIFN.