

KFCM VENDOR RECORD FORM:

Category: Liquor Vendor

Date: _____

Business Name: _____

Contact Person: _____

Employees Names attending market: _____

Address of Storefront: _____

Certificates: Market Safe: Yes ___ - No ___ BCLCB Authorization Letter Yes ___ No ___

of Serving it Right (**all employees**): ___ attached: _____ Expiry Date: _____

Liability Insurance is required: Expiry Date _____ Attached to application _____

Type of Vendor: Wine _____ Spirits: _____ Beer: _____ Cider: _____

List Below which products you will be selling at the market:

Will you be sampling at the market & which products will they be.

Location where the products are produced?

Please mark down which dates you would like to request. Dates will be confirmed monthly:

April: _____ May: _____

June: _____ July: _____

August: _____ September: _____

October: _____ I would like to attend the Satellite Market as well: _____

No Promotional items may be sold at the market. You may only sell approved Liquor products that have been juried in by the Market.

This form must be attached to your application before you are able to attend the Market.

Please refer to the Rules of Operation for more details and information

I have read and understood the KFCMS Rules of Operation: Failure to follow the rules can cause loss of stall at the market.

Applicants Signature: _____ **Date:** _____

Manager's Signature: _____ **Vendor Form Complete:** _____
