



Application (*) For Market Manager to Operate A Farmer's Market

- Name of Farmer's Market: _____
Address: _____
Name of Market Manager: _____
Mailing Address: _____
Phone Number: Res. _____ Bus. _____
- Approx. # of Markets/year: ____ Approx. Dates/Times: _____
Approx. # of Food Vendors: _____
- What arrangements have been made for washroom facilities?

- All food vendors have completed the required "Application For Vendor To Sell Food At Farmer's Market" form:
yes _____ no _____

I am responsible for all aspects of the operation of the Farmer's Market. I have read and understand the material contained in this application and the Farmer's Market Guidelines.

Market Manager or Responsible Person

Date

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Approval to operate the above Farmer's Market has been granted subject to the following conditions:

Local Authority (signature)

Date

- (*) The Market Manager or Responsible Person is required to complete this application to operate and must submit it to the local authority.



Application (*) For Vendor to Sell Food At Farmer's Market

Name: _____

Mailing Address: _____

Phone Number: Res. _____ Bus. _____

Number of Attendants: _____

Type of Food Sold: _____

Processed At: _____
(Land location or street and town)

Name of Market where I sell food: _____

Do I sell food at any other farmer's market? Y / N

Where _____

I have received, read and understand the information contained in this guideline.

Vendor (signature)

Date

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Approval for the above vendor to operate at the _____ Farmer's Market
has been granted subject to the following conditions:

Local Authority (signature)

Date

(*) The Market Manager is required to have each food vendor complete this application and make it available to the local authority for approval.