



Application (*) For Vendor To Sell Food At Farmer's Market
*** All foods must be in compliance with Technical Guideline #159.**

Name of Vendor: _____

Name of Business: _____

Mailing Address: _____ Postal Code: _____

Phone Number: Res. _____ Bus. _____

Email: _____

Number of Attendants: _____

Type of Food(s) Sold: _____

Processed At: _____

(Facility name, Land location and street and town)

Name of Market where I sell food: _____

Do I sell food at any other farmer's market? Yes No Where: _____

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

Vendor Name (Please Print) Vendor 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.

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The above Vendor has been approved to sell the following items at the _____ Farmer's Market:

Local Authority (signature) Date