

MARKET NAME: The Peppercorn Farmers Market

DATE: FROM: May TO: October

HOURS OF OPERATION: Weekly on Fridays, 4PM to 8PM

MARKET VENDOR INFORMATION

CONTACT PERSON: _____ DRIVERS LICENSE #: _____

PHONE NUMBER: _____ EMAIL: _____

BOOTH NUMBER: _____

ASSOCIATED BUSINESS NAME (IF APPLICABLE): _____

LEGAL OWNER OF ASSOCIATED BUSINESS: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____ BUSINESS EMAIL: _____

MAILING ADDRESS:

SAME AS ABOVE

ALTERNATE MAILING ADDRESS (i.e. P.O. Box): _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

NAMES/LOCATIONS OF ADDITIONAL MARKETS I PLAN TO ATTEND WITHIN MANITOBA:

1) _____ 2) _____

3) _____ 4) _____

FOOD HANDLER CERTIFICATE(S): Required by City of Winnipeg By-law No.5160/89

NO – operating outside of Winnipeg OR non-potentially hazardous food only

YES- Name: _____ Expiry Date of Certificate: _____

I HAVE READ THE FARMERS' MARKET GUIDELINES AND I:

WILL NOT BE SELLING POTENTIALLY HAZARDOUS FOOD ITEMS

WOULD LIKE TO SELL/SERVE POTENTIALLY HAZARDOUS FOODS – Public Health Inspector approval required

LIST OF ALL FOOD ITEMS PROPOSED FOR SALE ATTACHED

Signature represents the booth operator is aware of their responsibility to ensure their booth is organized and operated in compliance with all applicable Acts, Regulations and By-Laws.

DATE

SIGNATURE OF OWNER/REPRESENTATIVE

MARKET NAME: The Peppercorn Farmers Market _____

NAME OF BOOTH/FOOD VENDOR: _____

List of all food items proposed for sale: