

APPENDIX III

Application For Vendor To Sell Food At Market

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

Date:

Name of Vendor:

Name of Stall:

Vendor Physical Address:

Vendor Mailing Address: Same as physical address

Telephone:

Alternate Telephone

Email:

Vendor website:

Home-based Food Processor: yes no

Foods Sold (attach list and/or menu if more space required):

Number of Attendant:

Location of Food Processing:

Type of processing (if applicable): canning drying baking mixing/processing

other: _____

Food Safety Course Completed: yes no n/a

Name of those who have completed food safety course:

Selling food at other markets? yes no

Names of other markets:

Telephone:

Alternate Telephone

Email:

Vendor website:

I have received, read and understand the requirements for me as a vendor.

Vendor or Designate Signature	Vendor or Designate Name	Date
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For PHI Office Use Only:

Vendor Approved? yes no

Vendor approval to operate at the above Market has been granted subject to the following conditions:

PHI Signature

PHI Name

Date Approved

ATTACHMENT

List of Foods

Food name	Storage Type (Shelf/Cold/Hot)	Source (if applicable) Farm/Home/Retailer

Please submit completed form with Market Square Vendor Application and email to admin@swiftcurrent.ca.

Community Health Services - Public Health Inspection

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