



P.O. Box 2738
 Charlottetown, PE, C1A 8C4
 P. 902-626-3373
 Email: charlottetownfarmersmarket@gmail.com
 www.charlottetownfarmersmarket.com

Prepared Food/Food Service Vendor Form

OFFICE USE ONLY: Date received: _____ Board Approval: _____ Applicant contacted: Yes <input type="checkbox"/> No <input type="checkbox"/> Fee Paid: cash <input type="checkbox"/> cheque <input type="checkbox"/> # _____ Etransfer <input type="checkbox"/>

WE ARE PRODUCER ONLY: Please do not fill this out if your product is made outside of PEI. A 25% minimum local sourcing of produce used in serving food to the public is mandatory. **Preference** is given to vendors who purchase from CFM coop members.

Date: _____

\$25.00 Non-refundable processing fee required (etransfers accepted at cfmpayments@gmail.com)

Vendor Category: Prepared Food Food Service Beverage Service
 Business Name: _____ Phone No.: _____
 Address: _____ Email: _____
 City/Town: _____ Postal Code: _____ Website: _____
 Contact Person(s): _____
 Type of vendor: Casual Seasonal Permanent Start Date: _____
 Short List of Products/Meals:

Food is produced in a CERTIFIED: Home Kitchen Commercial Kitchen
 If applicable, please indicate size of vehicle/trailer/cart: _____ Include photos of food vending unit
 Do you require an electrical outlet? YES NO Amperage: 15 20 Other: _____
 Current other venue(s) or sales outlet(s): _____

Do you have a Food Handling Safety Certificate? YES NO all food preparers are required to have a food handling safety certificate prior to selling at the CFM.

What ingredients do you source from local farms or producers? (Identify grower). What ingredients are imported? (Use extra paper if needed)

ingredients	
Origin/farm	
imports	

PLEASE READ: This form is intended for information only. It does not in any way indicate acceptance to the CFM Cooperative. This form will be reviewed by the CFM Coop Board and will be used to determine your potential entry to the Market Cooperative. Statements made on the application form found to be false (intended or unintended) shall be grounds for expulsion from the Market. Board and management reserve the right to visit applicant's place of business to verify the above statements are true.

I, the undersigned, hereby acknowledge that the information provided on this form is true and complete to the best of my knowledge. I also confirm that I am the primary owner of the business applying for space at the CFM Market.
 Applicant's Signature: _____ Date: _____

Hand deliver, mail or email form back to CFM attention Market Manager at the above address
 CFM | Food Application | Up dated March 28, 2019