APPENDIX III

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

Name:		
Mailing Address:		
Phone Number: Res	Bus	
Number of Attendar	nts:	·
Type of Food Sold:		
Processed At:		
(Land location of str	reet and town)	
Name of Market wh	ere I sell food:	<u> </u>
	other farmer's market? Y/N	
Where	•	
I have received, read and ur	nderstand the information contained in this g	guideline.
		>
Vendor (signature)	Date	
	dor to operate at the	Farmer's
Market has been granted su	bject to the following conditions:	
T 1 A _ 41	D.4	
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.