

FOOD VENDOR INFORMATION
www.manitoba.ca/healthprotection

MARKET NAME: _____
DATE: FROM: _____ TO: _____
HOURS OF OPERATION: _____

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:	
<input type="checkbox"/> SAME AS ABOVE	
<input type="checkbox"/> 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	
<input type="checkbox"/> NO – operating outside of Winnipeg OR non-potentially hazardous food only	
<input type="checkbox"/> YES- Name: _____	Expiry Date of Certificate: _____
I HAVE READ THE FARMERS' MARKET GUIDELINES AND I:	
<input type="checkbox"/> WILL NOT BE SELLING POTENTIALLY HAZARDOUS FOOD ITEMS	
<input type="checkbox"/> WOULD LIKE TO SELL/SERVE POTENTIALLY HAZARDOUS FOODS – Public Health Inspector approval required	
LIST OF ALL FOOD ITEMS PROPOSED FOR SALE ATTACHED <input type="checkbox"/>	

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: _____

NAME OF BOOTH/FOOD VENDOR: _____

List of all food items proposed for sale: