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### 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"/>
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**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](mailto: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: 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**