



P.O. Box 2738
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Primary Produce Vendor Form

OFFICE USE ONLY:
 Date received: _____
 Board Approval: _____
 Applicant contacted: Yes No
 Fee Paid: cash cheque # _____
 Etransfer

WE ARE PRODUCER ONLY: Please do not fill this out if your product is made outside of PEI or you do not grow what you would like to sell at our Market.

Date: _____

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

Vendor Category: Farmer Meat/Poultry Dairy Seafood Wild Harvester/Forager
 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 produce / Products (use extra paper if needed)	When is produce/product available – month(s)

FARMERS

Size of farm (acres): _____ # of acres being farmed: _____ # of years farming: _____
 Growing Practice: Certified Organic (copy of certificate required) Conventional Other _____
 Current other venue(s) or sales outlet(s): _____
 Briefly describe your farming philosophy and why you are interested in joining the CFM Cooperative:

I have read and agree to abide by the Market Co-op By-laws and Operations Policies and Procedures
 YES

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/ farm to verify the above statements are true.

I, the undersigned, herby 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. Only items listed on this application form will be sold at CFM.

Applicant’s Signature: _____ Date: _____