



Aldershot Lions

Aldershot Farmers Market

Vendor Information Form



FAX TO: 905-681-0579

Name: _____

Address: _____

Home Phone # _____

Cell Phone# _____

Email: _____

• Dates planning to attend Market: **May** **June** **July** **Aug** **Sept.** **Oct.**

• Days planning to attend Market: **Thursday** **Sunday** (Market opens at 8:00am)

• **All VALUE added products being sold at the Market must meet Halton Health Department guidelines.**

Are you selling VALUE added products? **YES** **NO**

If YES, are you approved by the Halton Health Department to sell your product? **YES** **NO**

• **Items offered for sale:**

• **Products Grown \ Produced \ Manufactured by you:**

• **I have read and understand the requirements for participating as a vendor at the Aldershot Farmers Market.**

Signed

Date