



Perth District Health Unit

653 West Gore Street
Stratford, Ontario
N5A 1L4 (519) 271-7600

Application Form for Farmers Market Food Vendors

*Note: Return this application form to your Farmers Market Organizer.
The Health Unit will not accept individual applications.*

Name of Market: Milverton Farmers' Market	Address of Market: Corner of Mill St. E. and Maple Street. Milverton, On N0K 1M0	
Business Name:	Business Address:	
Contact Person(s):	Business Phone: (519)	Home Phone: (519)
	Cell Phone: (519)	Fax: (519)
	Email:	
General Food Information: Do you prepare all food items you will be bringing to the market at an inspected kitchen / facility? yes no		
If yes , Name of Kitchen / Facility: Address: Phone: ()	If no , please explain where you prepare foods:	
Will all of your food items be prepackaged? yes no If no, please describe the food handling involved at the market:		
Describe hot holding method at market (if applicable):		
Describe cold holding method at market (if applicable):		
Describe method of keeping foods hot / cold during transportation to the market:		

(over)