



Antigonish Farmers' Market
188 Main Street, Suite 2-6
Antigonish, Nova Scotia
B2G 2B9
902-867-7479
www.antigonishfarmersmarket.ca

REVISED PRODUCT APPLICATION

Please note this application does not replace the full application. This is submitted when a current vendor plans to sell something other than previously indicated on the original application.
This application is not a guarantee of acceptance and must be approved by the Market Manager.

Name: _____

Business Name: _____

Address: _____

Email: _____ Phone/Cell: _____

Please describe the products you wish to sell. Products **not** described here will require a **revised product application** and are subject to approval.

Food products – please list goods according to Public Market categories (Schedules A,B or C):

All products – where are your ingredients/materials sourced? Confirmation of origin may be requested. Please keep all receipts.

I would like to sell these new products at:

- Summer Market (May through October)
- Fall & Holiday Markets (November & December)

