



Information Sheet For Fireweed Community Market Home-Prepared Food Product Vendors

Name of Vendor: _____

Address of Vendor: _____

Telephone/Fax: _____

Email: _____

Description of Product(s):

Amount of Product(s) expected to be Sold:

Description of Manufacturing/Preparation Process:

Are you certified under FOODSAFE level 1? Yes No

Location where Product(s) Manufactured/Prepared:

Signature of Vendor: _____ **Date:** _____

Please return form to: Valerie Whelan, CFIA Tel.: (867) 667-5272
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