



**Thunder Bay District Health Unit**  
**Farmer's Market Food Concession Operator**  
**Application Form**

Please complete this form and return it at least 14 days prior to the beginning of the market season. Forms can be submitted to the following address:

Thunder Bay District Health Unit  
Communicable Disease/Environment and Enforcement  
999 Balmoral Street  
Thunder Bay, Ontario P7B 6E7  
FAX: 623-2369

Name of Market: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Proposed start-up date at the market \_\_\_\_\_

Are you located at other Farmer's Markets?  Yes  No

If yes, please provide the name of the market \_\_\_\_\_

Please list the types of food you will be selling


Where is the food you will be offering for sale purchased / processed / prepared? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_