Sherwood Park Farmers' Market

Request to Add Product(s) to 2020 Application

Date: _____

Company Name: _____

First & Last Name: _____

Address: _____ **City:** _____ **Prov:**_____

PC _____-_____

1. **Products: Please provide a detailed listing of ALL products you wish to add to your previous application:**
2. **NOTE: Please also SUBMIT photos of ALL products you wish to add to your previous application.**

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Vendor Signature:_____ **Date:**_____

Application for added product approved by:

Market Manager:_____ **Date:**_____

FOR MARKET STAFF ONLY:

Application for added product denied (reason/date/signature of Market Manager):

_____

_____

_____

Date:_____ **Market Manager:**_____