

## APPLICATION FOR A TOWN OF DIGBY FARMERS MARKET VENDING LICENSE

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### Contact Information

<b>Organization Name</b>	
<b>Applicant Name</b>	
<b>Business Address</b>	
<b>Phone #</b>	
<b>E-mail</b>	

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Please provide the following information:

**Date(s) of Market**

**Hours of Operation**

**As per Part 12 of the Town of Digby's Vending and Licensing By-law**

**Applicants Insurance Policy #**

**Expiry Date of Insurance**

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I hereby make application to the Town of Digby for a Farmers Market Vending License stating the information in this application is true and complete and that I agree to comply with the provisions of the Town of Digby Vending & Licensing By-Law.

**Date**

**Signature of Applicant**

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