



# Producer / Processor Application for Membership

Please complete this application and send all pertinent documentation to:  
Taste of Nova Scotia • 36 Brookshire Court, Suite 14 • Bedford, NS B4A 4E9

Company/Sole Proprietor Name: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

General Manager: \_\_\_\_\_

Taste of Nova Scotia Membership Fee: Fee:  + 13% HST  = Total

Payment Option:

- Payment in full upon receipt of invoice
- 50% due upon receipt of invoice & remaining 50% due on or before July 31
- Company Cheque     VISA     Mastercard     American Express



# Producer / Processor Application for Membership *continued*

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An essential component to the success of the Taste of Nova Scotia is company commitment to quality. Should you have factors of quality criteria not specified in this form, please include any additional information in the space provided.

Indicate current license and/or inspection status of your product or facility:

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Indicate how quality control is maintained throughout the marketing chain:

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**PRODUCT DATA** Please complete a product data sheet for each product to be considered.

Brand name of product to be registered:

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Description:

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Primary Origin:

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Where Processed (address):

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Where Packaged (if different from above):

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Please describe packaging:

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Does labeling meet all provincial/federal requirements?  Yes  No

Will the Taste of Nova Scotia logo be used on the packaging? If so, how?

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Please indicate where sales of this product occur and state percentage:

Provincial:

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Interprovincial:

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International:

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Please indicate sales volumes in percentages for the following distribution channels:

Specialty Stores/Farmers' Markets:

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Grocery Retail:

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Food Service:

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Please indicate method of distribution:

Direct Sales:  Wholesale Distributor  Broker  Other (please specify): 

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