



Applicant's name		Business ID
Address		Telephone
Name of the contact person	Telephone	E-mail address

Description of products to be sold	
Additional information (if necessary as separate appendix)	
I have familiarised myself with the application instructions and I declare the information I have provided to be correct. Helsinki Wholesale Market has the right to accept or reject applications received.	
Location and date	Applicant's signature and name in block capitals

APPENDICES

Certificate from the tax authority of taxes and social security fees paid or certificate of tax debts or account stating that a payment plan regarding tax debt has been made.

Employee pension fund and/or insurance company statement that pension insurance has been taken out and that pension insurance payments are made.

Trade register extract

Other appendices _____ pcs

TO BE SUBMITTED AT THE LATEST 11 SEPTEMBER 2015

Helsinki Wholesale Food Market
Helsinki Baltic Herring Market
PO Box 1000
00099 CITY OF HELSINKI