



# SHELBY COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.

## Farmers Market Seasonal Application

Please Print

Date: \_\_\_\_\_ Farmers' Market Location: \_\_\_\_\_  
(Please complete a separate application for each farmers' market)

Choose the applicable permit:

Farmers' Market Vendor Seasonal Health Permit w/ sampling \$150.00

Farmers' Market Vendor Seasonal Health Permit no sampling \$50.00

Farmers' Market Vendor Seasonal Health Permit Duration: April 1<sup>st</sup> thru October 31<sup>st</sup>

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Address City State Zip

Market Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Start Date at Market: \_\_\_\_\_ End Date: \_\_\_\_\_

Food to be served (attach menu if available):  
\_\_\_\_\_  
\_\_\_\_\_

Primary contact for business:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

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

\_\_\_\_\_  
Signature of Primary Contact Date