



FARMERS MARKET HEALTH PERMIT APPLICATION

Application will not be processed unless filled out completely. (Please Print)

Vendor Name: _____ **Date:** _____

Name of Responsible Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Certified Food Managers Certification: _____

TDH Certification # _____ **Expiration Date** _____

TDH Manufacturer's Permit# _____ **Expiration Date** _____

***Meat Proof of Exemption Document**

Date of Most Recent Inspection _____

Products to be sold

Equipment

Cooler ANSI () NSF () Yes () No ()

Freezer ANSI () NSF () Yes () No ()

NOTICE TO APPLICANT:

The application must be turned in three (3) days prior market. The vendor may not operate if all provisions of this application are not met.

In consideration of this permit, I understand and agree to familiarize myself and comply with all laws and ordinances applicable to the activities described in this application. I further agree to allow unrestricted access to the City's Health Inspector for the purpose of conducting inspections necessary to verify compliance with applicable regulations.

X

Date

(Signature and title of applicant)