WABASH COUNTY HEALTH DEPARTMENT
89 West Hill Street, Wabash, Indiana 46992
Phone: 260-563-0661 x 249 or 283; Fax: 260-563-6082

FARMERS MARKET INFORMATION SHEET

The Wabash County Health Department is requesting that anyone participating in the Farmers Market, please complete this form (completely, accurately and with signature) and return it to the above address prior to set up.

PLEASE TYPE OR PRINT CLEARLY

Name of Food Service (if applicable): _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Set-up Location: Wabash _____ North Manchester _____ Other: _____

LIST FOOD ITEMS TO BE SOLD

Please circle the food item(s) you will be selling at the Farmers Market.

PRODUCE / VEGETABLES	**EGGS**	**FREEZER MEAT**
BAKED GOODS	**CANDY & CONFECTIONS**	**FRUIT PIES**
JAMS & JELLIES	**OTHER (If other, please specifiy on the lines below):**	
_____	_____	_____
_____	_____	_____

Vendors who are selling **ONLY** fresh, whole, uncut produce, flowers, plants and commercially prepared, prepackaged, non-potentially hazardous food items are exempt from a Retail Food Service Permit and local fees. Although exempt, please complete the 2011 Farmers Market Information Sheet and return it to the Wabash County Health Department.

Vendors who are selling **EGGS**, **FREEZER MEAT** or who are a **Retail Food Establishment**, must be registered and permitted with the Health Department according to Wabash County Ordinance 2007-85-1. **Seasonal Fee: $25.00 (per location).** Applications available through the WCHD, your Market Master or online at ***foodservices.wabashcounty85.us*** **.**

NOTE: "Home-Based Vendor" (HBV) means an individual who:

(a) Has made a non-potentially hazardous food product in their primary residence;
(b) Is selling the food product they made, only at a roadside stand or at a farmers' market; and
(c) Complies with IC 16-42-5-29.

Signature: _____ Date: _____/_____/_____

OFFICE USE ONLY

Date Issued: _____/_____/_____ Date Expires: _____/_____/_____ Permit Number: _____ Approved By: _____