WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992 Phone: 260-563-0661 x 1249 or 1283; Fax: 260-563-6082

FARMERS MARKET INFORMATION SHEET AND PERMIT APPLICATION

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

Owner's Name:				
Owner's Address:				
City:		State:	Zip:	
Phone Number:	Cell Num	ıber:		
Set-up Location: Wabash	North Manchester Oth	her:		
Pleas	LIST FOOD ITEMS TO BE SOL se circle the food item(s) you will be selling at the			
PRODUCE / VEGETABLES	EGGS	FREEZ	ER MEAT	
BAKED GOODS	CANDY & CONFECTIONS	S FRUIT	PIES	
JAMS & JELLIES	OTHER (If other, please	OTHER (If other, please specifiy on the lines below):		
non-potentially hazardous food iten please complete the Farmers Mark	sh, whole, uncut produce, flowers, plants and sare exempt from a Retail Food Service ket Information Sheet and return it to the VERMEAT or who are a Retail Food Establi	e Permit and local fees. Wabash County Health I	Although exempt, Department.	
permitted with the Health Departme	ent according to Wabash County Ordinand the WCHD, your Market Master or	nce 2007-85-1. Seasona	al Fee: \$25.00 (per	
	BV) means an individual who:		and	
	uct they made, only at a roadside stand or	or at a tarmers market, a		
(a) Has made a non-poten(b) Is selling the food product(c) Complies with IC 16-42	uct they made, only at a roadside stand or			