## 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

Owner's Name:				
Owner's Address:				
City:		State:	Zip:	
Phone Number:	Cell Number	Cell Number:		
Set-up Location: Wabash	North Manchester Other:	:		
Pleas	LIST FOOD ITEMS TO BE SOLD se circle the food item(s) you will be selling at the Fa	armers Market.		
PRODUCE / VEGETABLES	EGGS	FREEZ	FREEZER MEAT	
BAKED GOODS	<b>CANDY &amp; CONFECTIONS</b>	FRUIT	FRUIT PIES	
JAMS & JELLIES	OTHER ( If other, please sp	ecifiy on the lines	s below):	
non-potentially hazardous food iten olease complete the 2011 Farmers	sh, whole, uncut produce, flowers, plants and ms are exempt from a Retail Food Service Pes Market Information Sheet and return it to the	ermit and local fees ne Wabash County He	Although exempt, ealth Department.	
permitted with the Health Departme	REEZER MEAT or who are a Retail Food Est ent according to Wabash County Ordinance in the WCHD, your Market Master or only	2007-85-1. Seasona	I Fee: \$25.00 (per	
			und	
NOTE: "Home-Based Vendor" (HB (a) Has made a non-poten (b) Is selling the food produ (c) Complies with IC 16-42	uct they made, only at a roadside stand or at	i a iaimeis maikei, a		
<ul><li>(a) Has made a non-potent</li><li>(b) Is selling the food product</li><li>(c) Complies with IC 16-42</li></ul>	uct they made, only at a roadside stand or at			