## 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

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:				
Please	LIST FOOD ITEMS circle the food item(s) you will b		rs Market.			
PRODUCE / VEGETABLES	EGGS		FREEZI	FREEZER MEAT		
BAKED GOODS	CANDY & CON	IFECTIONS	FRUIT F	FRUIT PIES		
JAMS & JELLIES	<b>A JELLIES</b> OTHER (If other, please specifiy on the lines below):					
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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. <u>Although exempt</u>, <u>please complete the Farmers Market Information Sheet and return it to the Wabash County Health Department</u>.

Vendors who are selling <u>FREEZER MEAT</u> or who are a <u>Retail Food Establishment</u>, 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: _	nature:					Date: _	/	/			
OFFICE USE ONLY											
Date Issued: _	/	_/	Date Expires:	/	_/	Permit Number:		Approved By:			