



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

FARMERS' MARKET PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-24 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein.

This permit is available to farmers' market vendors offering only pre-packaged potentially hazardous food items such as freezer meat, cheese, whole shell eggs, or the sampling of potentially hazardous food items.

NAME OF ESTABLISHMENT: _____
(this is how it will appear on your permit and in our files)

EXACT LOCATION of Farmers' Market: _____
(street) (city) (state) (zip)

Mailing Address: _____
(street) (city) (state) (zip)

Establishment Phone: _____ Fax: _____ E-Mail: _____

Name of Owner: _____ Owner Address: _____

Type of Ownership (* see back) ___ Individual ___ Partnership ___ Corporation ___ LLC ___ Other: _____

If corporation, list name: _____ Resident Agent: _____

-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --

- (1) Please list the food items that are to be sold: _____
- (2) What is the name of the Person-In-Charge? _____ Position: _____
- (3) Where do you purchase your food (including city and state)? _____
- (4) What is the name of the company from which you purchase your food? _____
- (5) Please list your hours of operation (be specific): _____
- (6) Where is your food stored during non-operational hours? _____
- (7) Are you selling eggs? Yes No If yes, do you have proper means of temperature control? Yes No

To allow the sale of eggs a copy of the applicant's retail egg board permit must be provided with this application.

ANNUAL PERMIT FEE SCHEDULE
(This is a non-refundable fee.)

FOR 12 CONTINUOUS MONTHS OF OPERATION AT ONE LOCATION:

\$75.00

Please be advised that this permit is only valid at the location listed above.
If selling at multiple locations, a permit for each location must be obtained.

Make all checks or money orders payable to the Allen County Department of Health.

NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 24 business hours. If payment is not received within 24 business hours of notification, the establishment will be closed until fees are paid in full.

COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

By signing below I agree to ALL terms and conditions listed on this permit application



Signature of Applicant(s) or Corporate Officer: _____
Must be signed in ink by applicant(s)

Printed Name of Applicant(s): _____

-----FOR OFFICE USE ONLY BELOW THIS LINE-----

Signature of Food Division Representative

Date

District #: _____ Receipt Number: _____
Estab. #: _____ Permit #: _____
Date Entered: _____ Clerk: _____

***ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each:**

Owner Name: _____ Telephone: _____ Ownership %: _____

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