

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 LOT  | ABLISHMENT:  |  | (this is how it will   |  | our normit and i   | n our filos)  |   |  |
|--|--|--|--|--|--|---|---|--|
| EVACTIOCAT   | FION of Formar   |  |  |  |  | n our mes)  |   |  |
| EXACT LOCA   | FION of Farmers  | s Market   | (street)   |  | (city)   | (state)   | (zip)   |  |
| Mailing Address  | s:   | (street)   |  | (city)   |  | (state)   | (zip)   |  |
| Establishment l  | Phone:   |  | Fax:   |  |  |   |   |  |
| Name of Owne   | r:   | Owner Address:   |  |  |  |   |   |  |
| Type of Owners   | ship <mark>(* see back)</mark> <sub>-</sub>  | _Individual  | Partnership  | Corpora  | tionLLC  | Other:  |   |  |
| If corporation, li   | ist name:  |  |  | Resid  | lent Agent: _  |   |   |  |
| THE FOLLO  | OWING QUEST  | IONS MUST  | BE ANSWER  | ED OR P  | ERMIT WILL   | NOT BE IS   | SUED  |  |
|  | food items that are  |  |  |  |  |   |   |  |
|  |  | Position:  |  |  |  |   |   |  |
| (3) Where do you   | purchase your food   | l (including city  | and state)?  |  |  |   |   |  |
| (4) What is the nar  | me of the company  | from which you   | u purchase your f  | ood?   |  |   |   |  |
| (5) Please list your hours of operation (be specific):   |  |  |  |  |  |   |   |  |
| (6) Where is your f  | ood stored during i  | non-operational  | hours?   |  |  |   |   |  |
| (7) Are you selling  | eggs? Yes  | No If yes, d   | o you have prope   | er means of  | temperature co   | ntrol? Yes  | No  |  |
| To allow the sale  | of eggs a copy of  | the applicant  | <u>'s retail egg boa</u>   | rd permit n  | nust be provide  | ed with this ap   | plication.  |  |
|  |  | _  | PERMIT F   |  | _  |   |   |  |
|  | FOR 12 CONTINUOUS MONTHS OF OPERATION AT ONE LOCATION:   |  |  |  |  |   |   |  |
|  | \$75.00  |  |  |  |  |   |   |  |
|  |  |  | \$75.0   |  |  | CATION.   |   |  |
|  |  |  | is permit is only  | O<br>valid at the  | e location liste   | d above.  |   |  |
| Make   | If selling at  | multiple locat   | is permit is only<br>ions, a permit fo   | O<br>valid at the<br>or <u>each</u> loca   | e location liste<br>ation must be c  | d above.<br>bbtained.   |   |  |
| Make  NOTE: Payments made  Department of Health  f payment is not receive  COLLECTIONS NOTICE  on the event any lice  chall be entitled to receive | If selling at all checks or media by check that result (plus an additional within 24 business): Any and all charge egal proceeding medial charge egal egal egal egal egal egal egal eg   | multiple locat  oney orders p  It in non-sufficient al NSF check in thours of notificates for services and set be instituted   | is permit is only ions, a permit for payable to the set funds will result if fee) via cash, motion, the establishmed permits are your do recover the   | valid at the or each loca  Allen Coulon the require oney order of ent will be closole respons amount do  | e location liste ation must be on the control of th | d above.  bbtained.  ent of Health.  te payment to the k within 24 bu paid in full. be paid in full up  | siness hours.<br>on application.                  |  |
| NOTE: Payments mad<br>Department of Health<br>If payment is not receive<br>COLLECTIONS NOTICE<br>In the event any leads to receive                 | If selling at all checks or media by check that result (plus an additional within 24 business): Any and all charge egal proceeding medial charge egal egal egal egal egal egal egal eg   | multiple located and in non-sufficient al NSF check is hours of notificates for services and ust be instituted lections, including   | is permit is only ions, a permit for coayable to the set funds will result if fee) via cash, motion, the establishmed permits are your do to recover the greasonable attorn  | or valid at the or each loca  Allen Counting the requirement of the requirement will be closely response amount duey fees.   | e location liste ation must be on the control of th | d above. bbtained. ent of Health. te payment to the k within 24 bu paid in full. be paid in full up   | siness hours.<br>on application.<br>ent of Health |  |
| NOTE: Payments mad<br>Department of Health<br>If payment is not receive<br>COLLECTIONS NOTICE<br>In the event any leads to receive                 | If selling at all checks or medic by check that result in (plus an addition red within 24 business egal proceeding medicer the cost of the coordinate of the coordinate of the state of the | multiple located and property orders part of the innon-sufficient of the innon | is permit is only ions, a permit for payable to the payable to the payable to the payable to the payable to result in the establishment of the permits are your of the permits and conditions and conditions and conditions are possible to possible permits in the payable to the payable to permit it is not permit in the payable to payable to payable to the payable to payab | valid at the or each local Allen Counting the requirement will be closed amount of the ey fees.  | e location liste ation must be of the ation must be of the ation must be of the ation ment for immedia or certified check sed until fees are libility and are to be at the Allen of the ation of the ati | d above. bbtained. ent of Health. te payment to the k within 24 bu paid in full. be paid in full up county Department ermit applica                     | on application. ent of Health ation plicant(s)    |  |
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## \*ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each: Owner Name: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_