



SF-17
4/15

Application for a Uniform Farmer's Market Vendor Permit

Vendor Information:

Name						
Email				Phone		
Address						
City			State			
				Zip		

Operation Type:

Cost

	Single County – Vendor will attend Farmer's Markets in <u>Monongalia County Only</u> .	\$15
	Statewide – Vendor will attend Farmer's Markets in multiple Counties in West Virginia.	\$25

List all Farmer's Markets that you will be attending:

Name	Location	County

List all foods that you will be selling:

Name	PHF?	Name	PHF?	Name	PHF?

PHF: Potentially Hazardous Food – A food that needs temperature control for safety

I hereby certify that this application is true and complete to the best of my knowledge. I agree to inform the Health Department if there are any changes to the list of foods or list of Farmer's Markets attended in this application. I hereby agree to follow all provisions of West Virginia Code Chapter 19 Article 35 "Legislative Rules for Farmer's Markets" and I understand that my permit can be suspended for violations of this code.

Applicant Signature _____ Date _____

Health Department Use Only

Date Received: _____ Fee Paid: _____ Reviewed by: _____ Approved Denied

Permit #: _____ Comments: _____