



1616 Smith St.
Logansport, Indiana 46947
Phone: (574) 753-7760 Fax: (574) 753-7039

APPLICATION FOR FARMER'S MARKET FOOD PERMIT

Fee for vendors selling potentially hazardous items: **\$35.00** per season

Fee for vendors selling only eggs : **\$20.00** per season

Non-Domestic Permit is valid for up to six (6) months of operation

Name : _____ Phone : () _____ - _____

Establishment Name: _____

Mailing Address : _____

City : _____ State : _____ Zip Code: _____

Fax: () _____ - _____ Email : _____

Business Type: (Check all that apply) :

Meat

Wild Mushrooms

Eggs

Other

Describe other : _____

Intended months of operation : Circle all that apply)

May June July August September October

Farmers : What method is used to grow your products?

Certified Organic Non-Certified Organic

Conventional (Synthetic chemicals)

Product List : _____

(Continues on back)

Vendors will be expected to sell ONLY what is listed.

This application will not be processed without a detailed list of crops and other products you will bring to the market.

Reminder: All products sold at the market must be from or made in Indiana. **No Exceptions!**

Applications must be turned into the Cass County Health Dept. Thirty (30) days prior to your intended operation.

List names of persons who may sell at your booth:

Please provide copies of all licenses and permits you currently have to operate your business.

These may include: Commercial Kitchen License, Nursery Permit, Organic Certification, Dairy Permit, Egg License, Health Dept. Permits, Vendor Permit and others.

Any questions please contact Market Masters:

Emily Klaunde (765) 400-1476 Kathy Courtad (574) 721-3533 or
Cass County Health Dept. (574) 753-7760

_____ *Office Use Only* _____

Permit Number : _____ Permit Approved : YES / NO

Payment Method : CASH CHECK CREDIT CARD (circle one)

Payment Amount : _____ Receipt Number : _____ Initials:_____

