

**Parke County Health Department
116 W. High Street, Room 12
Rockville, Indiana 47872
(765) 569-4071**

YEARLY FARMER'S MARKET FOOD PERMIT APPLICATION

All information must be completed or the application will be returned to you.
Cash, Cashier's Check, and Money Orders ONLY (we do NOT accept personal checks or credit cards.)

Event Information:

Location: _____

Date(s): _____

Type of Food(s) you will be selling: _____

Will samples be offered? _____ Yes _____ No

Owner(s)/Organization:

Business Name: _____

Owner(s) Name: _____

Home/Business Address: _____

City, State & Zip Code: _____

Home/Business Phone: _____ Cell: _____

Permit Fee:

Farmer's Market Booth \$25.00 (valid May – Oct. 31)

Non-Profit Organization \$0.00

Late Fee (if applied for less than 14 days before start) \$50.00

Signature of Owner/Manager: _____

Signature of Owner or Manager signifies that the above information is true and correct to the best of his/her knowledge.

Date: _____

For Health Dept. Use Only:

Permit#: _____ Amount Paid: \$ _____ Receipt#: _____

Received By: _____