

**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: \_\_\_\_\_