

Cass County Health Department



512 High Street Logansport, IN 46947
Phone: 574-753-7760 Fax: 574-753-7039

APPLICATION FOR FARMER'S MARKET FOOD PERMIT
Fee for vendors selling potentially hazardous items: **\$25.00 (per season)**
Fee for vendors selling eggs **ONLY: \$10.00 (per season)**
(Permit good for up to six (6) months of operation)

Name:			
Establishment Name:		Phone:	
Mailing Address:	City	State	Zip
Fax:	E-Mail:		

Business Type (check any that apply)

Meat___ Eggs___

Wild Mushrooms___ Other___

(Describe) _____

Intended months of operation (circle that apply):

May June July August September October

Farmers:

What method is used to grow your products?

Certified Organic_____ Non-certified Organic_____

Conventional (use synthetic chemicals) _____

Product list:

*Please list items to be sold at the market and the approximate dates of availability. 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 Indiana or made in Indiana. **NO EXCEPTIONS.** Applications must be turned into the Cass County Health Department **thirty (30) days** prior to your intended operation.

List names of family members/employees 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 department permits, vendor permits and others. If you have any questions feel free to contact Market Master Brenda Quaglio at 574-753-2230 or the Cass County Health Department at 574-753-7760.

(Signature)

(Date)