



Farmers Market Vendor Permit

In accordance with WV Code 19-35-3

_____ is hereby issued a uniform farmers market vendor permit

Vendor Name _____

Type Establishment Farmers Market Vendor

Farmers Market Location(s) _____

Restrictions/Exceptions: _____

This permit is the property of the health department and must be surrendered on demand. This permit may not be transferred from one person to another person, from one farmer's market vendor to another farmer's market vendor, or from one type of establishment to another, as specified above and in the application, unless the change is approved by the health department. This permit may be valid in multiple counties.

Post permit in location conspicuous to consumers.

Date Issued: _____ Title: _____

Expires: _____ Signature: _____

Permit No.: _____ Issuing LHD: _____

SF-17
04/15

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES



HEALTH DEPARTMENT

APPLICATION TO OPERATE AS A FARMER'S MARKET VENDOR

Name/Vendor _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Will Sell Product at Farmer's Markets in Other Counties

List Counties: _____

Food Products Being Offered For Sale: _____

I hereby certify that I have received a copy of the applicable rules/guidelines and that I am familiar with the contents and requirements therein.

Date

Signature of Applicant

() Owner

() Agent