

Morgan County Health Department
180 S. Main St., Ste. 252, Martinsville, IN 46151
765-342-6621

Office Use:
Permit #: _____
Date Issued: _____
Staff Initials: _____

Application for Farmer's Market Vendor Permit

Your permit will not be issued unless the form is filled out correctly and in its entirety. **This permit is ONLY to be used for Farmer's Market locations and is not applicable to any other venue. This permit is to be used *only* by frozen meat vendors and non-chicken egg vendors. If you do not fit into one of those two categories, please contact our department before filling out this form.**

Establishment Name: _____

Owner Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Name of Person in charge at location (if not owner): _____

Certified Food Handler (if required*): _____

*Please include a copy of the certificate.

Notes:

If only selling chicken eggs, you do not need a Food Establishment Permit; you must have an egg license from the Indiana Egg Board.

If selling produce, you should register with the ISDH Produce Safety Division.
(<https://www.in.gov/isdh/25773.htm>)

Facility Information:

Type of structure: Tent _____ Booth/Stand _____ Inside Building _____ Trailer _____

Type of handwashing set-up: Sink _____ Thermos _____ Urn _____ Rented Unit _____

Not needed (please explain) _____

What items will you be selling? _____

Please list the food items that will be prepared at another location and brought to the event: _____

Location where food is stored or prepared (if offsite*): _____

**If a licensed commissary is used, please provide a copy of the Commissary Agreement Form*

What type of equipment will be used for storing food (cold-holding) onsite and offsite?

Onsite: _____

Offsite: _____

Where is meat or poultry processed? (Name of processor and BOAH Plant ID Number): _____
