

Farmers Market Coordinator Application

FOR OFFICE USE ONLY

- Submit completed application and permit fee 30 days before the market begins.
- Applications submitted less than 14 days before the market begins, will be subject to a late fee.
- Incomplete applications will be returned.
- Pay with cash, **business** check, money order, Visa or MasterCard.
 - Please make checks payable to: Tacoma-Pierce County Health Department
- Permit fees are non-refundable.

Applying for:

- Farmers market
- Farmers market event
- Farmers market demonstration booth

Send permit via:

- Mail
- Email

Farmers Market

Farmers Market Name _____

Farmers Market Date(s) _____

Hours of Operations _____

Farmers Market Site Address _____

City _____ State _____ Zip _____

Number of Anticipated Food Booths (include booths that provide samples) _____

Wastewater Disposal Location _____

Potable Water Source Location _____

Garbage Disposal Location _____

Plumbed Restroom for Food Vendors Location _____

Required I have vendors who sell farm products, not just hot prepared food. For example, meat, eggs, produce, cheese or other processed products.

Coordinator

Coordinator Name _____

Billing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Person in Charge (PIC) _____ Phone _____

Farmers Market Coordinator Application



- Farmers Market Coordinator must give the Health Department a list of all food vendors invited to operate.
- Food vendors are responsible for submitting a Farmers Market Vendor Application 14 days before they begin operating. Vendor applications submitted less than 14 days before the market begins, will be subject to a late fee.
- The Health Department will not accept Farmers Market Vendor Applications from uninvited vendors.
- Call (253) 649-1703 or food@tpchd.org to add, remove or change food vendors.

Invited Food Vendors

- Changes must be approved by the Health Department.
- Attach additional pages as needed.

Invited Food Vendor	Food Items Sold/Sampled	Contact Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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