

**BROWN COUNTY HEALTH DEPARTMENT
FARMERS MARKET FOOD VENDOR LICENSE APPLICATION
(NOT MOBILE FOOD TRUCK- Farmers Market only)**

NAME OF BUSINESS: _____
(NAME OF THE BUSINESS SELLING FOOD AT THE FARMERS MARKET):

NAME OF THE OWNER OF THE BUSINESS: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTACT PHONE: () _____ CELL: () _____

FARMERS MARKET(S) YOU WILL ATTEND IN BROWN COUNTY:

1) _____ START DATE: / /
Market Name
END DATE / / DAYS OPEN: _____
MARKET START TIME: : AM PM END TIME : AM PM

2) _____ START DATE / /
Market Name
END DATE / DAYS OPEN: _____
MARKET START TIME: : AM PM END TIME : AM PM

FOR DAIRY PRODUCTS:

PERMIT : _____
Please attach copy of Dairy license
Product must be held below 45 degrees

**FOR LIVESTOCK PRODUCTS- Cattle, Swine, Sheep, Goats, Bison, Elk,
Ratites:**

NAME of State or Federally Inspected Processing Facility used:

**Finished products must be inspected at State or Federal Facility
and fully labeled**

FISH SOLD LIVE (no license)

FISH SOLD FROZEN:

Name/Address of Licensed Food Establishment

Name of Certified Food Handler: _____

Certificate Number and company certifying: _____

Product Must be fully labeled

LIST ALL FOODS TO BE SOLD

1) _____

2) _____

3) _____

4) _____

ALL ITEMS TO BE FULLY LABELED

- 1.) How will frozen food be kept frozen? _____
- 2.) Are thermometers in all storage units? _____
- 3.) How will food be kept chilled (Below 41°F)-- DAIRY AT 45 or below _____
- 4.) How will food be transported? _____
- 5.) How long will food be in transit? _____

HOW WILL FOOD BE PROTECTED FROM CONTAMINATION DURING STORAGE, SERVING AND DISPLAY?

SIGNATURE OF BUSINESS OWNER: _____

DATE: _____

APPROVED by EHS _____ DATE _____ DENIED by EHS _____ DATE _____

* If application is subsequently denied and paid by check or credit card, the Farmers Market Food Vendor License Fee will be returned through the Brown County Auditor's office within approximately 30-45 days

Farmers Market Food Vendor License Fee: \$25.00 annual permit (January-December)

Please try to submit application and payment at least 7 days in advance of event:

By Mail- Send to the Attention of: Jennifer Heller E.H.S.

With the check or money order made out to: Brown County Health Department, P.O. Box 281 Nashville, IN 47448

or

PHONE: (812) 988-2255 [E-mail: bcenvironmental@browncounty-in.us](mailto:bcenvironmental@browncounty-in.us) FAX: (812) 988-5601

We now accept cash, credit and debit cards (3% fee) and approved checks

Applications can be sent via email and credit information then called in 812-988-2255