



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

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

Application for Farmer's Market Vendor Permit

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 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.

The permit fee is \$60.

Vendor Information:

Establishment Name: _____

Owner Name: _____

Phone: _____ Email: _____

Mailing Address: _____

If only selling **chicken eggs** at the Farmer's Markets, you do not need a Food Establishment Permit; you must have an egg license from the Indiana Egg Board. <https://ag.purdue.edu/ansc/iseb/>

If selling **whole produce**, you should register with the ISDH Produce Safety Division.
<https://www.in.gov/health/food-protection/produce/>

Facility Information:

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

What items will you be selling? _____

How will food items be stored onsite/offsite: _____

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

Applicant Signature: _____ Date: _____