



BALTIMORE CITY HEALTH DEPARTMENT

Environmental Inspection Services

1001 E. FAYETTE STREET
BALTIMORE, MARYLAND 21202

Office (410) 396-4424
Fax (410) 396-5986



APPLICATION TO OPERATE OR ESTABLISH A FARMERS MARKET

Please Print

CHECK ONE: NEW FARMERS MARKET! ANNUAL RENEWAL FOR EXISTING MARKET

MARKET NAME:

MARKET LOCATION: BALTIMORE, MD 212 ____

MANAGER NAME:

MANAGER ADDRESS:

STREET

CITY/STATE

ZIP

MANAGER E-MAIL ADDRESS:

TELEPHONE:

THE MARKET WILL OPERATE FROM ____ / ____ / ____ TO ____ / ____ / ____

ON THE FOLLOWING DAYS (circle all that apply) S M T W TH F S

AT THE FOLLOWING TIME FROM ____ : ____ AM TO ____ : ____ (CIRCLE ONE) AM PM

REVIEW EACH VENDOR APPLICATION PACKET AND ENSURE THE FOLLOWING:

INITIAL

ALL VENDORS WHO WILL OPERATE IN THE MARKET HAVE COMPLETED A VENDOR APPLICATION.

ALL VENDORS APPLICATIONS INCLUDE COMPLETED MENU FORMS.

ALL REQUIRED PERMIT FEES ARE INCLUDED & CHECKS/MONEY ORDERS ARE MADE PAYABLE TO "DIRECTOR OF FINANCE."

ALL VENDORS WHO REQUIRE HACCP PLANS HAVE INCLUDED THEM WITH THEIR APPLICATION.

EACH VENDOR HAS SIGNED HIS/HER APPLICATION.

IN SUPPORT OF MY APPLICATION:

INITIAL

I HAVE ATTACHED ALL ORIGINAL AND COMPLETE VENDOR APPLICATION PACKETS.

I HAVE ATTACHED A COPY OF THE MARKET'S ZONING PERMIT.

I HAVE ATTACHED A MAP OF THE MARKET INDICATING THE LOCATION OF EACH VENDOR'S STALL.

I HAVE INCLUDED THE LIST OF ALL VENDORS WHO WILL BE PARTICIPATING IN THE FARMERS MARKET.

I HAVE SIGNED BELOW AND MADE A COPY OF THE ENTIRE APPLICATION FOR MY FILES.

I CERTIFY THAT I HAVE CAREFULLY REVIEWED EACH VENDOR APPLICATION AND THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

MANAGER NAME (please print)

MANAGER SIGNATURE

DATE

OFFICE USE ONLY

Date Received

Approved By

Date Approved



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FARMERS MARKET VENDOR APPLICATION

Please Print

This form must be completed and submitted by all vendors even if a permit is not required.

I AM REQUIRED TO OBTAIN A FARMERS MARKET FOOD PERMIT:

PLEASE ISSUE ME A FARMERS MARKET FOOD PERMIT – MY FOOD LICENSE RISK PRIORITY IS:

HIGH – \$520.00 Fee Required MODERATE – \$285.00 Fee Required LOW – \$65.00 Fee Required

I ALREADY HAVE A FARMERS MARKET FOOD PERMIT FOR THIS YEAR (provide Market Name and Permit information below)

MARKET NAME/LOCATION: _____

PERMIT/LICENSE NUMBER : _____ EXPIRATION DATE: ____/____/____

I AM NOT REQUIRED TO OBTAIN A FARMERS MARKET PERMIT BECAUSE:

I SELL ONLY RAW AGRICULTURAL PRODUCTS DIRECTLY FROM THE FARM ON WHICH THEY WERE PRODUCED

I SELL ONLY VALUE-ADDED PRODUCTS THAT DO NOT REQUIRE A MARYLAND PRODUCER MOBILE FARMER'S MARKET LICENSE

I ALREADY HAVE A VALID MARYLAND PRODUCER MOBILE FARMER'S MARKET LICENSE (provide State License information below)

LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

MARKET NAME:

MARKET LOCATION: _____ BALTIMORE, MD 212 ____

VENDOR NAME:

VENDOR ADDRESS:

STREET _____ CITY/STATE _____ ZIP _____

VENDOR E-MAIL ADDRESS: _____ VENDOR TELEPHONE: _____

STALL NAME (complete only if name is different than your vendor name): _____ TYPE OF VENDOR (i.e., fruit/vegetable; dairy; herbs, etc.): _____

I WILL PARTICIPATE IN THE MARKET FROM: ____/____/____ TO: ____/____/____

ON THE FOLLOWING DAYS (circle all that apply) S M T W TH F S

I HAVE ATTACHED THE FOLLOWING DOCUMENTS IN SUPPORT OF MY APPLICATION:

YES N/A

MENU		
APPROVED HAZARDOUS ANALYSIS CRITICAL CONTROL POINT (HACCP) PLAN		
PERMIT FEE CHECK OR MONEY ORDER MADE PAYABLE TO "DIRECTOR OF FINANCE"		

I CERTIFY THAT I WILL PREPARE, SELL OR OTHERWISE OFFER ONLY PRODUCTS FROM APPROVED SOURCES AND THAT ALL INFORMATION IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

VENDOR NAME (please print) _____ VENDOR SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date Received	Approved By	Date Approved	Permit #

