



SHELBY COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

Farmers Market Seasonal Application

Please Print

Date: _____ Farmers' Market Location: _____
(Please complete a separate application for each farmers' market)

Choose the applicable permit:

Farmers' Market Vendor Seasonal Health Permit w/ sampling \$150.00

Farmers' Market Vendor Seasonal Health Permit no sampling \$50.00

Farmers' Market Vendor Seasonal Health Permit Duration: April 1st thru October 31st

Business Name: _____ Phone: _____

Business Address: _____
Address City State Zip

Market Manager: _____ Phone: _____

Business Start Date at Market: _____ End Date: _____

Food to be served (attach menu if available):

Primary contact for business:

Name: _____ Phone: _____

Address City State Zip

Email Address: _____

Signature of Primary Contact

Date

Mission

To promote, protect and improve the health and environment of all Shelby County residents.

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