

TIPPECANOE COUNTY HEALTH DEPARTMENT  
Jeremy P. Adler, M. D., Health Officer  
20 North Third Street  
Lafayette, Indiana 47901  
<http://www.tippecanoe.in.gov/health>  
765-423-9221 (phone) 765-423-9154 (fax)

Tippecanoe County Farmer's Market Application  
Tippecanoe County Ordinance 2007-19 CM

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Booth/Establishment's Name \_\_\_\_\_

Commissary's Name \_\_\_\_\_

(Include a letter of permission on company letterhead.)

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Booth Owner's Information

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

LIST THE FOOD BEING SOLD: \_\_\_\_\_  
\_\_\_\_\_

LIST MARKETS YOU WILL BE PARTICIPATING IN: \_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED: OWNER OTHER  
Please list address if OTHER is circled: \_\_\_\_\_

NAME OF CERTIFIED FOOD HANDLER & EXPIRATION DATE \_\_\_\_\_

(Include a copy of certificate)

FARMER'S MARKET FEE: \$25.00 NON-PROFIT EXEMPT (NO FEE)

IF ALREADY PERMITTED BY TIPPECANOE COUNTY HEALTH DEPARTMENT NO FARMER'S MARKET FEE REQUIRED  
(BUT YOU *MUST* INCLUDE A PHOTO COPY OF YOUR PERMIT)

TOTAL FEE DUE: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_