



**TIPPECANOE COUNTY
HEALTH DEPARTMENT**

Tippecanoe County Farmer's Market Application

Foods & Environmental
20 N 3rd Street
Lafayette, IN 47901
Phone-765-423-9221 Fax-765-423-9277
health@tippecanoe.in.gov

Jeremy P. Adler, Health Officer
Khala Hochstedler, Administrator
Stacie Rees, Chief of Foods

As defined by Tippecanoe County Ordinance 2007-19 CM

Establishment's Name: _____

Address: _____

City: _____ **St.** _____ **Zip:** _____

Telephone: _____

Email: _____

Contact Person's Name: _____

Mailing Address (if different from above)

Booth Owner's Name: _____
Must be different than the Establishment Address

Address: _____

City: _____ **St.** _____ **Zip:** _____

Telephone: _____

Email: _____

Contact Person's Name: _____

Mailing Address (if different than above)

PLEASE CIRCLE WHERE THE PERMIT APPLICATION IS TO BE MAILED: **ESTABLISHMENT** **OWNER** **OTHER**

List the food being sold or attach menu separately: _____

Select market(s) you will be participating at: Lafayette West Lafayette

If Applicable:

Commissary Name: _____ **Commissary Owner:** _____

Name of Certified Food Handler: _____ **Expiration Date:** _____
(Include Copy of Certification)

ANNUAL FEE: Farmer's Market Fee: \$25.00 per unit (space) Non-Profit: Exempt

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

Total Fee Due: \$ _____

Signature: _____ **Date:** _____