



CITY OF BELLEFONTAINE FARMERS MARKET APPLICATION

SECTION I – GENERAL

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

APPLICANT ADDRESS: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

MARKET NAME: _____

MAILING
ADDRESS: _____

BUSINESS PHONE: _____

DATE(S): _____

PROPOSED LOCATION: _____

SECTION II - DETAILED DESCRIPTION

DESCRIPTION OF MARKET, CHARACTER, AND QUALITY OF GOODS TO BE SOLD: _____

SECTION III – REQUIRED ATTACHMENTS

- LIST OF KNOWN PARTICIPATING VENDORS
- \$150.00 APPLICATION FEE

SECTION IV – CITY USE ONLY

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____

REVIEWED BY: _____

APPLICATION COMPLETED IN ENTIRETY? YES NO

LIST OF PARTICIPATING VENDORS
ATTACHED? YES NO

APPLICATION FEE ATTACHED? YES NO

PROPOSED LOCATION APPROPRIATE? YES NO

FARMERS MARKET PERMIT APPROVED DENIED

EVENT/DATES APPROVED: _____

ADDITIONAL COMMENTS/RESTRICTIONS OR REASON FOR DENIAL: _____

DATE

SIGNATURE

DATE PERMIT ISSUED: _____

PERMIT ISSUED BY: _____

LOGAN COUNTY HEALTH DEPARTMENT NOTIFIED DATE: _____ TIME: _____