

APPLICATION FOR A TAZEWELL COUNTY FARMERS MARKET PERMIT

Tazewell County Health Department
21306 Illinois Route 9
Tremont, IL 61568-9252
Phone # (309) 925-5511
Fax # (309) 925-4100

1. Name of business _____
2. Owner/operator _____
3. Home address _____ City _____
4. Phone # _____ Cell phone # _____

1. Address of business _____ City _____
(Where you plan to sell your products)
2. Use the lines below to list all the event dates and times you plan to be open. This permit will be valid only on the dates listed below.

DATE	TIME	DATE	TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List all the products below that you plan to sell at the farmers market.

- This is not an application for a temporary license. If any food is to be served, a temporary license must be secured. Information for a temporary license is available from our website at www.tchd.net
- All criteria must be followed or the business will not be allowed to operate.
- This application must be returned to the Tazewell County Health Department a least FIVE days prior to the event.

I have reviewed the Guidelines for farmers markets and ensure all items will be met _____

Signature of Operator(s): _____ Date: _____