

SF-17
04/15

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES



_____ HEALTH DEPARTMENT

APPLICATION TO OPERATE AS A FARMER'S MARKET VENDOR

Vendor Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

☐ Will Sell Product at Farmer's Markets in Other Counties

List Counties: _____

Food Products Being Offered For Sale: _____

I hereby certify that I have received a copy of the applicable rules/guidelines and that I am familiar with the contents and requirements therein.

Date

Signature of Applicant

() Owner

() Agent