WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

http://dhmh.maryland.gov/washhealth

APPLICATION FOR PERMIT TO OPERATE AT A CITY/FARMER'S MARKET

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, *Regulations Governing Food Service Facilities*.

PLEASE PRINT OR TYPE

Date: ____________________________

Facility Name: ____

Farmer's Market Address: ____

____

Owner(s) Of Business: ____

Corporate Name (*If Applicable):* ____

Address for Permit to Be Sent: ____

City____________________________State__________________Zip__________________

Owner Phone #: ___________________________________ Cell #: __________________________

Email:____ Fax #: __________________________

Hours/Days Market is Open:____

Menu Items to be Sold:____

____

Source of All Foods: ____

Operation Proposed: Seasonal ______ From _________________To _________________

Signature of Applicant:__________________________________ Title: _______________________

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IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:	
VISA MasterCard DISCOVER ☐ VISA ☐ MASTERCARD ☐ DISCOVER	
CARD NUMBER	AMOUNT **$35.00**
SIGNATURE	EXP. DATE (MM/YYYY)

MAIL APPLICATION WITH $35.00 FEE TO:
WASHINGTON COUNTY ENVIRONMENTAL HEALTH
1302 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742

240-313-3400 PHONE ● 240-313-3391 TDD ● 240-313-3424 FAX