



# Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org  
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## Application for Permit to Operate as a Market Vendor

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 # \_\_\_\_\_

Cell #: \_\_\_\_\_




Hours/Days Market is Open: \_\_\_\_\_

Menu Items to be Sold: \_\_\_\_\_

Source of All Foods: \_\_\_\_\_

Operation Proposed: Seasonal \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>IF NOT PAYING IN PERSON, USING VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:</b>	
   <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
CARD NUMBER	AMOUNT <b>\$35.00</b>
PRINT NAME ON CARD & SIGNATURE	EXP. DATE (MM/YYYY)    3 DIGIT CODE

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

**ENVIRONMENTAL HEALTH**

240-313-3400 Voice • 240-313-3391 TDD • 240-313-3424 Fax