



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

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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: _____

IF NOT PAYING IN PERSON, USING VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:	
   <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
CARD NUMBER	AMOUNT \$35.00
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 • 800-552-7724 TDD • 240-313-3424 Fax