



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services

255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850-2368
Phone: 240-777-3986 / Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

FARM MARKET/FARMER'S MARKET LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

Type of Market: Farm Market / Roadside Stand [] Farmer's Market [] TODAY'S DATE: _____

Type of Vendor: Farmer [] Itinerant []

Name of Facility: _____ Telephone No.: _____

Address of Vendor: _____
(include street number, suite number, street name, city, state, and zip code)

Email: _____ Fax No.: _____

Federal Tax Identification No.: _____

Please submit Base of Operation or Lease Agreement

Water Supply at Facility: Public [] On-Site/Well [] Sewage at Facility: Public [] On-Site/Septic System []
(NOTE: If water or sewage system is on-site and outside of Montgomery County, MD, submit a copy of the most recent certificate of compliance)

Farm Market Coordinator: _____ Telephone No.: _____

Address of the Farm/Farmer's Market(s): _____

Days and Hours of Operation: _____ Are Products Sampled? Yes: [] No: []

List of All Foods Sold or Sampled: _____

Farmers Market: Farmer \$ 50 or Itinerant \$175

Farm Market: Farmer \$50

I hereby certify that the above information is accurate and complete:

Signature of Vendor: _____

Printed Name and Title of Above Signatory: _____

OFFICE USE ONLY

Receipt No: _____ Date received: _____ Amount Paid: \$ _____

Check/Money Order/Credit Card: _____ Staff Initial: _____

PAYMENT: *Cash is not accepted*

Make checks or money orders payable to "**Montgomery County, Maryland**".
Credit card payments may be faxed to 240-777-4531 (confidential fax line).

Check Money Order Visa Mastercard Organization: _____ Fee: \$_____

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount: \$_____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____