



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, MD 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

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 Vendor: _____ 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
Anyone other than farmer \$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: _____ Staff Initials: _____

Check/Money Order No.: _____ Credit Card Approval Code (MC/VISA): _____

PAYMENT: *Cash is not accepted*

Make checks or money orders payable to "**Montgomery County, Maryland**".

Credit card payments may be faxed to 240-777-3088 or 240-777-4531.

Check Money Order Visa Mastercard Organization: _____

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: _____