



FARM STAND PERMIT APPLICATION

Name of Farm Stand: Location of Farm Stand: (street, city, zip)

Days and Dates of Operation: through Start and End Times:

Owner Name: Phone No. Cell #:

Email:

FEES: \$207.40

The following must be included with the form at time of submittal:

- Site Plan indicating the proposed location of the Farm Stand, restrooms, hand washing, utensil washing and janitorial facilities, liquid and solid waste disposal and potable water supply.
Application Fee with an Agreement to Pay form.
A list of products to be sold.
Restroom agreement

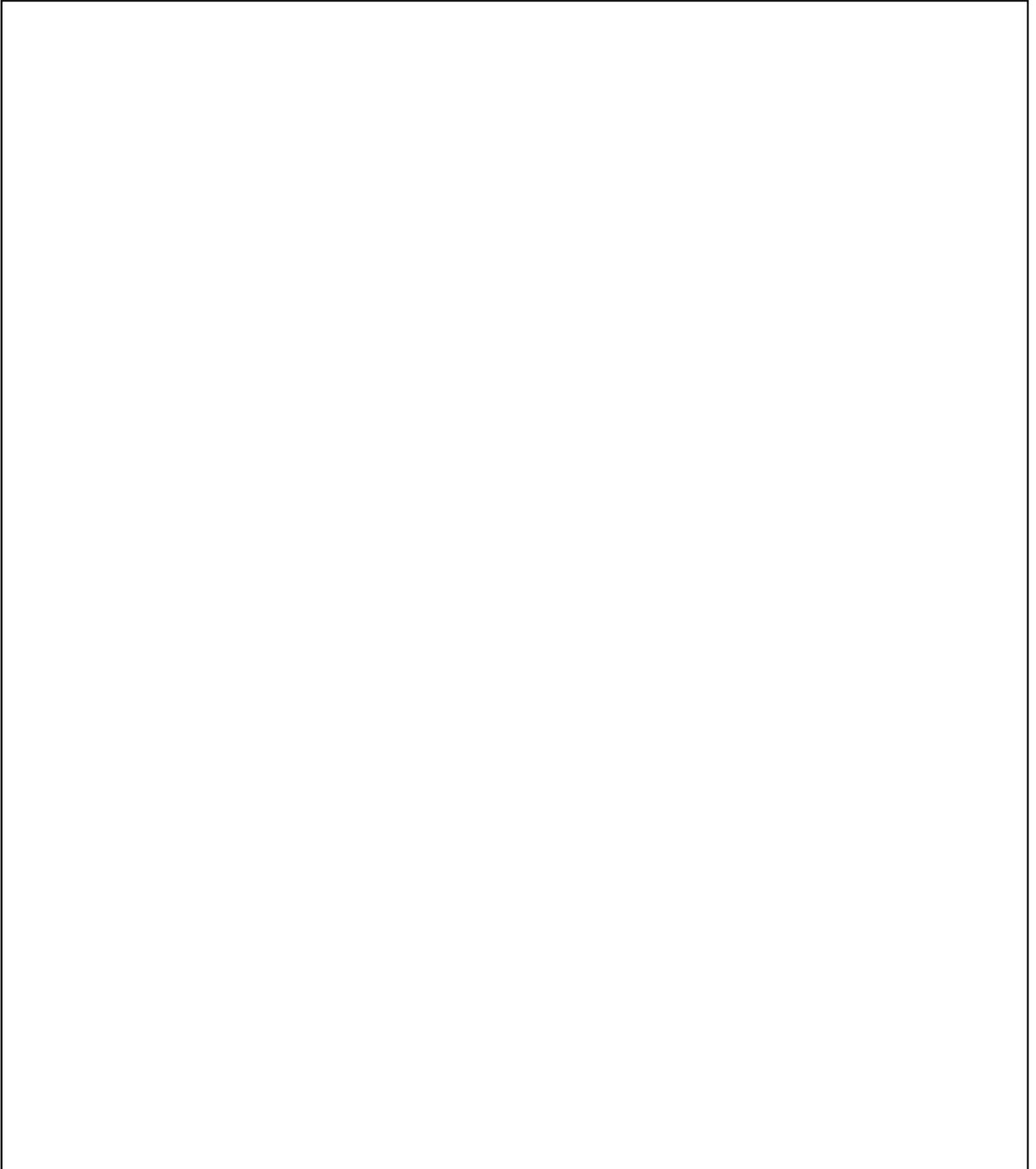
Owner Name (Print) Owner Signature Date

OFFICE USE ONLY
Date Application Submitted: Was Application Late? YES NO If YES, Late fee: \$
Total Fee: \$ (Base Fee + Any Applicable Late Fee) Fee Received: SR No.
Application Approved By: Date:

# SITE PLAN

Name of Farm Stand: \_\_\_\_\_

Elements required to be noted: Farm Stand location, hand washing location, utensil washing location and location of restrooms.

A large, empty rectangular box with a thin black border, intended for drawing the site plan. The box is currently blank.



# VERIFICATION FORM FOR RESTROOM USE

**NOTE:** An approved restroom facility must be available for employee's to use within 200 feet of travel distance from Farm Stand.

## FARM STAND OWNER INFORMATION

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Home Address: *(street, city, zip)* \_\_\_\_\_

Site Address: *(street, city, zip)* \_\_\_\_\_

location and typical hours of operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS OWNER INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: *(street, city, zip)* \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, owner of the restroom facility located at \_\_\_\_\_  
\_\_\_\_\_, grant full permission to the above mentioned Facility to use said restroom during their business  
hours. I understand that the facility shall be maintained clean and sanitary with adequate supplies of soap and paper towels  
at all times.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

