

Permit # _____
 Date Issued _____
 Date Mailed _____



Receipt # _____
 Date Paid _____
 Date Expires _____

Phone: (806)-378-9472
 Fax: (806)-378-3585

TDD: (806)-378-4229
 ehealth@amarillo.gov

Amarillo Bi-City-County Health District

Application for a Permit to Operate a Farmers Market

Name of Market: _____

Site: Location and address: _____

Name of person/business requesting permit: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Contact Number: _____

FOOD

Describe or list all consumable products that you plan on having at your market:

Will you allow vendors to sell a TCS* food item? Yes No

Will you allow cottage food vendors? Yes No

Applicant's signature _____ Hours of operation _____

Permit Fee:	
Application Fee	\$27
Technology Fee	\$10
Permit Fee	\$266

Mail Application and Permit Fee To
Environmental Health Department
 PO Box 1971
 Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
 808 S. Buchanan
 Amarillo, TX 79101