

Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Date Mailed \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Date Expires \_\_\_\_\_

Phone: (806) 378-9472

Fax: (806) 378-3585



TDD: (806) 378-4229

[ehhealth@amarillo.gov](mailto:ehhealth@amarillo.gov)

## Amarillo Area Public Health District

### Application for a Permit to Operate a Farmers Market

Permit Fee: \$100

Name of Market: \_\_\_\_\_

Site Location & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person/Business requesting permit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Which best describes this application:      Change of Owner       New Establishment

Will cottage food vendors be allowed to sell products?      Yes       No

Will any food vendors serve TCS food items?      Yes       No

**List all consumable products that will be served at the Farmers Market:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Hours of operation** \_\_\_\_\_

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