

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

Amarillo Area Public Health District

Application for a Permit to Operate a Farmers Market

Permit Fee: See current FY fee schedule

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