

# Mason County Health Department



**Public Health**  
Prevent. Promote. Protect.

1002 East Laurel Avenue. ■ Havana, Illinois 62644 ■ Phone: (309) 210-0110 ■ Fax: (309) 543-2063

## FARMERS MARKET REGISTRATION

Name of business \_\_\_\_\_

Owner/operator \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_, IL ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Name of Farmer's Market \_\_\_\_\_

Address of Farmer's Market \_\_\_\_\_ City \_\_\_\_\_, IL ZIP \_\_\_\_\_

List all the event dates and times you plan to be open. Registration is valid only on the dates listed below.

Date	Time		Date	Time
1.			6.	
2.			7.	
3.			8.	
4.			9.	
5.			10.	

List all the food products below that you plan to sell at the farmers market. *Please read the attached reference handout "Guidelines for Farmer's Markets" describing allowable and prohibited food products, and other important regulations and guidelines.*

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• **This is not an application for a Temporary Food Event Permit. If any potentially hazardous food is to be served, a Temporary Food Event Application must be submitted.**

• All criteria must be followed or the business will not be allowed to operate. If you have any questions, please feel free to contact the Mason County Environmental Health Division.

• This application must be returned to the Mason County Health Department at least THREE days prior to the event.

I have reviewed the Guidelines for Farmers Markets and ensure all items will be met \_\_\_\_\_

Signature of Operator(s): \_\_\_\_\_ Date: \_\_\_\_\_