



Ector County, Texas

APPLICATION FOR FARMERS MARKET ONLY PERMIT

PLEASE CHECK ONE: _____ Annual Renewal _____ Application For Permit

INSTRUCTIONS: Please complete the application in detail. **Note:** A health permit is for one year. *Please submit this application (by mail or in person) with the appropriate fee.*

Vendor Information

Facility/Vendor Name: _____	
Facility/Vendor Address: _____	
City: _____	Zip code: _____
Business Phone: _____	
Owner's Name: _____	Owner's Phone: _____
Owner's Address: _____	City: _____ Zip code: _____
Email (must fill out): _____ (Used for communication)	
Manager's name: _____	
Certified Food Manager (CFM) present: <input type="checkbox"/> Yes <input type="checkbox"/> No CFM expiration date: _____	
Type of Facility/Vendor: _____	
Does the facility have a mobile food truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, then please fill out a mobile unit application along with this one)	
Is the facility connected to a	<input type="checkbox"/> Public water supply <input type="checkbox"/> Water well
Is the facility connected to a	<input type="checkbox"/> City Sewer <input type="checkbox"/> Septic System (On-Site Sewage Facility)
 <input type="checkbox"/> Payment: Cash/Credit card/Check _____	
(check number)	

The applicant hereby acknowledges an understanding of the provisions of the ordinance relative to the payment of fees, expiration date of permit, renewal requirements, permit suspension.

Signature of Applicant
Office use only:

Date

Date: _____ Facility FA Number: _____

Reviewed and Approved by: _____

☐ Scanned to Envision Connect

Permit Fee Charges

\$100/year