



PUBLIC HEALTH IS PRICELESS

VERMILION COUNTY HEALTH DEPARTMENT

HEALTH AND EDUCATION BUILDING
200 SOUTH COLLEGE STREET, SUITE A
DANVILLE, IL 61832
PHONE/TDD 217 431-2662
FAX 217 431-7483
www.vchd.org

FARMER'S MARKET FOOD PERMIT APPLICATION

BUSINESS INFORMATION:

BUSINESS NAME: _____

PHONE: _____ EMAIL: _____

OPERATING LOCATIONS: _____

CONTACT INFORMATION:

OWNER NAME: _____

PHONE: _____ EMAIL: _____

FARM/HOME ADDRESS: _____
(Street) (City) (State) (ZIP)

MAILING ADDRESS: _____
(IF DIFFERENT FROM FARM/HOME)

Disclaimer: Farmer's Market permit types are for those who sell directly from their farms or at farmer's markets only. Any vendors who intend to sell outside of these parameters will need to pursue a standard seasonal food permit which can be supplied by the Vermilion County Health Department. Any questions or concerns can be directed to the Environmental Health staff at (217) 431-2662 ext. 5

SIGNATURE: _____ **DATE:** _____
(Signature is required for a permit to be issued.)

PERMIT CLASSIFICATION

___ CLASS 4A - Eggs only **FEE \$10**

___ CLASS 4B - Full farmer's market permit (*any combination of eggs, cheeses, freezer beef, poultry, or pork, or any other food product produced from your farm*) **FEE \$50**

RETURN APPLICATION AND NON-REFUNDABLE FEE TO THE VERMILION COUNTY HEALTH DEPARTMENT,
200 S. COLLEGE AVE., DANVILLE, IL 61832. (Please make checks payable to the Vermilion County Health Department)

FOR OFFICE USE ONLY

Permit Number: _____

Paid: Cash Credit Check # _____

Date issued: _____

