

Farmers Market Permit Application

Lincoln-Lancaster County Health Department
3131 O Street, Lincoln, NE 68510
(402) 441-6280 | foodsafety@lincoln.ne.gov



Date _____

Market Name _____

Market Location _____ Day(s) _____ Time: _____ to _____

Season Opening Date _____ Ending Date _____

Organization _____ Contact Name _____

Contact Address _____ Contact Phone _____

Email Address _____

Vendors that are selling **home-prepared** food or drink must be listed. Vendors that wish to sell Time/Temperature Control for Safety Foods shall meet the training requirements as specified in Section 81-2,280 of the Nebraska Pure Food Act.

If needed, use additional application forms to list all vendors.

VENDOR NAME	FOOD PRODUCTS SOLD	APPROVED TRAINING IF APPLICABLE

The undersigned, as the responsible person for this farmer's market, hereby applies for a Farmers Market Permit required by LMC 8.20, Lincoln Food Code. The applicant is to notify the Lincoln-Lancaster County Health Department of any change of status in the above Farmer's Market. Vendors preparing home-prepared food or drink must meet the requirements of Section 81-2,280 of the Nebraska Pure Food Act.

Applicant Signature _____ **Print Name** _____

Permit Fee \$ 100.00

APD# HF61 _____

☐ New ☐ Renewal ☐ Addition

Electronic Funds Transfer Notification: When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Department Use Only

Date received _____
Amount \$ _____
Check # _____
Initials/EHS _____
Mail / Hand Deliver: _____