



WESTPORT WESTON HEALTH DISTRICT
 180 Bayberry Lane, Westport, CT 06880-2855
 Telephone: (203) 227-9571 Fax: (203) 221-7199

PACKET F

No Fee Required

Application For Farmers
Selling fresh, raw, uncut or farm processed fruits and vegetables.

Name: _____ Farm Name: _____

Mail Address: _____

Town, State, Zip: _____

Farm Address: _____

Telephone: (____) _____ Fax: (____) _____

Details of Event:

Name of Event: _____

Date(s) of Event: _____ Hours of Operation _____

Location of Event: _____

List products to be sold: _____

E-Mail Address: _____

Directions:

Farmers that sell processed or labeled products must attach any applicable Connecticut Agricultural Experiment Station, Department of Agriculture and/or Consumer Protection Department licenses/approvals. The application must be completed and submitted to the WWHD by the close of the workday (4:30 pm) on the Monday immediately prior to the Market day event.

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered
By:		By:

Notes/Conditions: