

# BUCKS COUNTY DEPARTMENT OF HEALTH

## APPLICATION FOR LICENSE TO CONDUCT AND OPERATE A FARM/FLEA MARKET STAND

### 1. Type of License Requested:

- NEW  
 CHANGE OF OWNERSHIP (FOOD LICENSE IS NOT TRANSFERABLE)

### 2. Name of Applicant/Business Owner/Corporation/Company:

- SOLE PROPRIETOR/PARTNERSHIP \_\_\_\_\_  
 CORPORATION (CORPORATION NAME) \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### 3. Name and Address of Licensed Commissary/Service Facility/Storage Facility:

**(YOU MUST INCLUDE A COPY OF THIS FACILITY'S CURRENT LICENSE FROM THEIR REGULATING AGENCY, e.g. PA Department of Agriculture, USDA, Local Health Department)**

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

### 4. Name, address, days and hours of each market you will be attending:

Farm/Flea Market Site and Address	Days of Operation	Hours of Operation

### 5. Fee Submitted: \$ \_\_\_\_\_ (See current fee schedule)

**\*\*Please attach a copy of a current PA Department of Revenue Sales and Use License or Exemption Certificate\*\***

**6. -The undersigned agrees to operate this Food Facility in compliance with the current food regulations**

**SIGNATURE of Business Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

**NOTE: THE OWNER OF THE BUSINESS OR A CORPORATE OFFICER MUST SIGN THIS APPLICATION.**

Make check or money order payable to: Bucks County Department of Health

Mail Application to: Bucks County Department of Health  
Neshaminy Manor Center  
1282 Almshouse Road  
Doylestown, PA 18901