



**CITY OF NEWPORT, RHODE ISLAND  
APPLICATION FOR A FARMER'S MARKET**

DATE: \_\_\_\_\_

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

D/B/A: \_\_\_\_\_ TEL #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MARKET MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

MARKET DATES: \_\_\_\_\_

HOURS OF OPERATION (Daylight only): \_\_\_\_\_

# OF STALLS: \_\_\_\_\_ # OF PARTICIPANTS: \_\_\_\_\_

Description of stall size, length, trucks, etc.: \_\_\_\_\_

Names of Producers:

Location of land Used for Production:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Market Rules Attached \_\_\_\_\_ Site Plan Attached \_\_\_\_\_

Retail Sales Tax Permits (for each participant) Attached \_\_\_\_\_

Health Dept. Approval Received: \_\_\_\_\_

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Printed Name)

Filing Fee \$10 Paid: \_\_\_\_\_ License Fee \$100 Paid: \_\_\_\_\_

Council Approval Date: \_\_\_\_\_ License Issued by Clerk: \_\_\_\_\_