

**CITY OF NEWPORT**

**APPLICATION OF FARMER'S MARKET**

**(May 1<sup>st</sup> – November 1<sup>st</sup>)**

DATE \_\_\_\_\_

**TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT,**

D/B/A \_\_\_\_\_

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

OWNER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TEL# \_\_\_\_\_

MARKET MANAGER \_\_\_\_\_ Date of Appt. \_\_\_\_\_

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

DATES OF MARKET \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_  
(opening & closing) (daylight only)

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

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

Names of Producers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Land Used for Production:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicant Signature)

(Print Name)

**Market Rules Attached** \_\_\_\_\_

**Site Plan Attached** \_\_\_\_\_

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

**Health Department Approval Received** \_\_\_\_\_

FILING FEE \$10 \_\_\_\_\_

LICENSE FEE \$100 \_\_\_\_\_

**License Issued By City Clerk** \_\_\_\_\_ **Date** \_\_\_\_\_