



# FARMERS MARKET PERMIT APPLICATION

216 East Park Street  
McCall, Idaho 83638

**Phone 208-634-7142**

Fax 208-634-3038

[www.mccall.id.us](http://www.mccall.id.us)

Every person, acting as a Farmers Market, shall apply to the City for a Farmers Market permit as required by McCall City Code 4.7.4. The application for such permit shall be filed with the City Clerk not less than seventy-two (72) hours prior to the first day upon which sales are intended to occur. The application shall be filed upon this form, and be accompanied by the following submittals:

1. Name and description of the applicant: \_\_\_\_\_  
Mark one: \_\_\_\_\_ individual, \_\_\_\_\_ association, \_\_\_\_\_ partnership, \_\_\_\_\_ company, or \_\_\_\_\_ corporation
2. If a co-partnership, include the name and resident address of each partner; if a corporation, association or group acting as a unit, the name and resident address of the officers and the board of directors, trustees or other governing board:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Provide Proof of 501(c) status
4. State sales tax number and Federal tax number:  
\_\_\_\_\_
5. The date or dates for which the permit is requested:  
\_\_\_\_\_
6. If on City property proof of Liability Insurance
7. If you propose to sell any prepared food product for human consumption (other than frozen products not intended for immediate consumption), an approval from Central District Health that the proposed method of food preparation and service meets applicable health standards
8. Property description of each location of sale activity: \_\_\_\_\_, and written and notarized permission of the owner or owners of such real property to engage in or conduct business on such property; if there is any question of the ownership of the property, it is the duty of the applicant to furnish satisfactory proof of the same.
9. Submit the license fee. (\$50 per season). (Checks should be made out to the "City of McCall")

Applicant's Name (printed) \_\_\_\_\_

Individual Signature \_\_\_\_\_ Date \_\_\_\_\_

If Business Entity,

Officer/Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Title of Person Signing \_\_\_\_\_ Business Name \_\_\_\_\_