Application for a Certified Farmers Market License (2024)

☐ NEW ESTABLISHMENT
☐ CHANGE OF OWNER
☐ INACTIVE ACCOUNT

TODAY'S DATE: _____/_____/_____

NAME OF FARMERS MARKET:	
ADDRESS OF MARKET LOCATION:	
OWNER / OWNERSHIP ENTITY:	
MAILING ADDRESS:	
TELEPHONE NUMBER / ALTERNATE:	
CERTIFIED FARMERS MARKET SEASON(S) OF OPERATION:	FROM: TO:
CERTIFIED FARMERS MARKET OPERATION DAYS:	MON / TUE / WED / THU / FRI / SAT / SUN [CIRCLE DAY(S)]
CERTIFIED FARMERS MARKET OPERATION HOURS:	FROM: TO:
PROPERTY OWNER AGREEMENT LETTER:	**ATTACHED** ☐
TEXAS DEPARTMENT OF AGRICULTURE CERTIFICATE:	**ATTACHED** ☐
BY-LAWS (MEMBERSHIP LIST, GOVERNING BODY MEMBERS):	**ATTACHED** ☐

FEE SCHEDULE (Invoice created and sent during final approval):
☐ MARKET WITH TEN OR MORE VENDORS...$353.80 (2024)
☐ MARKET WITH NINE OR FEWER VENDORS..$225.14 (2024)

CERTIFIED FARMERS MARKET MANAGER:
_____
(PRINTED NAME)

CERTIFIED FARMERS MARKET MANAGER:
_____
(SIGNATURE)

HOUSTON HEALTH DEPARTMENT:
_____
(PRINTED NAME)

HOUSTON HEALTH DEPARTMENT:
_____
(SIGNATURE)

APPLICANT INSTRUCTIONS: To submit this application, return this completed form to the Houston Health Department, 8000 North Stadium Drive, 77054 or to chs@houstontx.gov. Copies of Certified Farmers Market's certificate (issued by Texas Department of Agriculture), association by-laws, membership list, list of all vendors, copies of each vendor's food manufacturing license (issued by the State of Texas) must be submitted with this application.
NOTE: Operating without a valid license is illegal and may result in the closure of market and / or court citations being issued.

HOUSTON HEALTH DEPARTMENT
8000 N Stadium Dr. 2nd
Houston, TX 77054
832-393-5100
chs@houstontx.gov
HOUSTONCONSUMER.ORG

HOUSTON HEALTH
DEPARTMENT

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