



Central Montana
Environmental Health

Musselshell, Wheatland, Judith Basin, Golden Valley & Petroleum Counties

FARMERS MARKET PURVEYOR INFORMATION

To be completed at least two (2) weeks before FARMERS MARKET event or function

GENERAL INFORMATION

Organization's Name: _____

Contact Person's Name: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signature _____ **Date** _____

EVENT INFORMATION:

Event Name: _____

Location: _____

Dates of use: _____ Hours of operation: _____

PRODUCT INFORMATION

List of products to be sold: _____

Source of the food: _____

List food items that will be prepared at home: _____

