



CITY OF WACO

INSPECTION SERVICES DEPARTMENT

P.O. BOX 2570

WACO, TX 76702-2570

FARMERS MARKET APPLICATION

DATE SUBMITTED _____

ADDRESS OF MARKET LOCATION

APPLICANT / ADMINISTRATOR

NAME (PRINTED) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE # _____ ALTERNATE PHONE # _____

EMAIL _____

WILL THE VENDING FACILITY REQUIRE ELECTRICITY _____ YES _____ NO

PROPERTY OWNER – *SIGNATURE REQUIRED (A LETTER MAY BE SUBSTITUTED)*

NAME _____ *SIGNATURE* _____

ADDRESS _____

PHONE NUMBER _____

ADMINISTRATOR REQUIREMENTS

1. The administrator must provide evidence that you either own or have written permission from the property owner to use the property where the farmers market will take place.
2. The administrator or a designated representative must be present at all farmers' market functions.
3. The applicant shall provide detailed site plan of the market facility (canopies, displays, signs), vehicle and pedestrian circulation plans, patron service area plans, vehicle egress and ingress plans and descriptions, including materials, specifications, and color schemes necessary to adequately describe the market facility and the goods or services. Eight-inch by ten-inch color photos may be substituted, where applicable.
4. A permitted and inspected temporary electrical pole and service may be installed and power provided via cord and plug if electricity is required. **THE VENDOR WILL BE RESPONSIBLE FOR THE PROPER AND LEGAL DISPOSAL OF ALL LIQUID AND SOLID WASTE.**
5. This permit authorizes a Farmer's Market to operate no more than twenty four (24) hours per week, and no more than twelve (12) hours in any twenty four (24) hour period, for up to one year from the permit approval date.
6. **THIS APPLICATION IS VALID ONLY FOR THE ADDRESS LISTED ABOVE. ANY MODIFICATIONS TO THE FARMERS MARKET SITE WITHOUT PRIOR APPROVAL FROM CITY OF WACO WILL VOID THIS APPLICATION.**

BY SIGNING THIS APPLICATION YOU ARE AGREEING TO THE ITEMS LISTED ABOVE AND TO FOLLOW ALL PROVISIONS OF THE CITY OF WACO FARMERS MARKET ORDINANCE. A COPY OF THIS ORDINANCE WILL BE PROVIDED UPON REQUEST. PLEASE ALLOW 2 BUSINESS DAYS FOR THIS APPLICATION TO BE PROCESSED.

Applicant Signature _____ Date_____

Co-Applicant Signature _____ Date_____

Co-Applicant Signature _____ Date_____

OFFICE USE ONLY

Market Site Zone _____ Allowed _____

Property owner Letters Attached _____

Site plan attached _____

APPROVED _____

DENIED _____

Inspector _____ Date _____

Comments: _____

