



CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR A FARMER'S MARKET

DATE: _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

OWNER: _____

ADDRESS: _____ TEL #: _____

D/B/A: _____ TEL #: _____

HOME ADDRESS: _____

MARKET MANAGER: _____

ADDRESS: _____ TEL #: _____

MARKET DATES: _____

HOURS OF OPERATION (Daylight only): _____

OF STALLS: _____ # OF PARTICIPANTS: _____

Description of stall size, length, trucks, etc.: _____

Names of Producers:

Location of land Used for Production:

Market Rules Attached _____ Site Plan Attached _____

Retail Sales Tax Permits (for each participant) Attached _____

Health Dept. Approval Received: _____

(Applicant's Signature)

(Printed Name)

Filing Fee \$20 Paid: _____ License Fee \$100 Paid: _____

Council Approval Date: _____ License Issued by Clerk: _____