

Office of the Administrative Secretary

City of Mountain Home
720 South Hickory Street
Mountain Home, AR 72653
870-425-5943 Phone
870-425-9290 Fax

Office Use Only
Approved by: _____
Permit No. Issued: _____
Expiration Date: _____
Parking Space: _____
Reseller License Issued Yes ___ No ___

FARMERS MARKET VENDOR PERMIT APPLICATION

*Note: There will be a \$100 charge for resellers. Reseller permits are good for a 12-month period.
Non-reseller permits are good thru December 31 of the year they are issued.*

Sales Tax Number (**optional**): _____

Name: _____

Home Address: _____

“Farm” or “Garden” Address/Location (if different from above)

Phone Number(s): _____

Items offered for sale: _____

Check One:

- I grow the above-stated items for sale
- I purchase the above-stated items for **resale**
- I purchase various ingredients and/or supplies for preparation of the above-stated items for **resale**

List names of all “Agents” who are authorized to represent the Vendor/Permittee:

_____	_____
_____	_____
_____	_____

ACKNOWLEDGEMENT

I have received and reviewed a copy of the City of Mountain Home Ordinance Number 2007-12 and understand that it is my sole responsibility to:

- Collect sales tax, if applicable
- Comply with all regulations as set forth by the Arkansas State Health Department
- Comply with all regulations as set forth by the City of Mountain Home

I attest that the information provided on this application is true and correct.

Applicant's Signature

Date