



**RICHLAND COUNTY HEALTH DEPARTMENT  
SANITARIAN'S OFFICE  
1201 West Holly, Sidney, MT. 59270  
406-433-2207**

Richland County Farmer's Market Application

Name of Applicant:

Day phone:

Mailing address:

Address

City

State

Zip

Proposed Items:

_____	_____
_____	_____
_____	_____
_____	_____

I agree to comply with the rules and sell only those food items that have been approved by the Richland County Sanitarian. I fully understand that any deviation from the above list without prior permission from the Richland County Sanitarian may void this approval.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sanitarian's Signature

\_\_\_\_\_  
Date

Sanitarian's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you would like assistance with this form, please contact Stephanie Ler at 406-433-2207.*