

CITY OF WESTOVER
500 DUPONT ROAD
WESTOVER, WV 26501
PHONE: 304-296-6860 FAX: 304-296-6582

**FARMERS MARKET
REGISTRATION APPLICATION**

DATE: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PLEASE LIST ALL ITEMS THAT YOU WISH TO BE REGISTERED TO SELL:

***PLEASE BE ADVISED THAT A COPY OF YOUR WEST VIRGINIA STATE
REGISTRATION MUST BE ATTACHED TO THIS FORM. THE APPLICANT IS
RESPONSIBLE TO GET ANY HEALTH DEPARTMENT OR ABCA LICENSES THAT
MAY BE REQUIRED.***

BY SIGNING BELOW, I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE.

SIGNATURE

DATE

APPROVED BY: _____

DATE