



## CERTIFIED FARMERS' MARKET RISK CATEGORY 1 - PERMIT APPLICATION

This application is site specific for the one market named on this application. Application is pending inspector approval. Submit applications at least **TWO WEEKS (14 calendar days)** prior to start date for permits. Permits will be mailed after approval. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICATION TYPE** (select one):  NEW PERMIT  OWNERSHIP CHANGE  BUSINESS NAME CHANGE previous name: \_\_\_\_\_

NAME OF MARKET	ADDRESS OF MARKET	DAYS OF OPERATION

### OWNERSHIP INFORMATION

OWNER (1) NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

OWNER (2) NAME: \_\_\_\_\_  N/A  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_  
FACILITY\* ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**MAIL ALL CORRESPONDENCE TO** (select one):  
 OWNER (1)  OWNER (2)  FACILITY ADDRESS  
 OTHER: ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FEE EXEMPTION** (submit supporting documents):  VETERAN (DD Form 214)  CHARITABLE ORGANIZATION [501(C)(3)]  BLIND (CA DOR)

### FACILITY INFORMATION Type of facility where food is made:

**Note:** Applicant is responsible for obtaining and maintaining current permits and registrations at all times for all CFM Vendor permits to be valid. All potentially hazardous foods must be kept out of the temperature danger zone during transportation from facility until final sale at the market. Always keep cold foods below 45F and hot foods above 135F. These foods must also be discarded on the same day when the market ends.

**IF USING TIME AS A PUBLIC HEALTH CONTROL (TPHC), COMPLETE CFM RC2 APPLICATION.**

<input type="checkbox"/> RETAIL FOOD FACILITY (e.g., restaurant or bakery)	<input type="checkbox"/> APPROVED COTTAGE FOOD OPERATION (CFO)
<input type="checkbox"/> COMMERCIAL KITCHEN/COMMISSARY/SHARED KITCHEN/CATERER PERMIT (no retail front, renting space within a shared kitchen)	
<b>Attach copy of Environmental Health permit or CFO registration issued to the business/owner applying for the CFM Vendor permit.</b>	
<small>*Processed Food Registration (PFR) is for wholesale and distribution only, not for direct-to-consumer sales.</small>	

OTHER, please specify and provide proof: \_\_\_\_\_

**I CERTIFY THAT NO FOODS WILL BE PREPARED OR STORED AT HOME (UNLESS AN APPROVED CFO) OR ANY OTHER UNAPPROVED LOCATION.**

INITIAL HERE:

# VENDOR BOOTH INFORMATION

## FOOD/ DRINK PRODUCTS THAT WILL BE OFFERED

List all food products, attach additional pages if necessary.  
 All food must be prepackaged with the exception for baked goods and samples for distribution. Cold and hot food holding is allowed.  
 On-site food preparation, open foods and/or cooking **is not allowed**. **IF USING TIME AS A PUBLIC HEALTH CONTROL (TPHC), COMPLETE CFM RC2 APPLICATION.**

Food Product e.g., hummus	Describe how food will be transported e.g., insulated container, with ice	Describe sampling method e.g., hummus and crackers behind sneeze guards	Describe method for temperature control e.g., ice chest, refrigerator

## FOOD PROTECTION

Identify methods of protecting foods from customer contamination (e.g., samples, baked goods, etc.).

<input type="checkbox"/> SNEEZE GUARDS	<input type="checkbox"/> HINGED COVERS OVER FOOD	<input type="checkbox"/> PROTECTED DISPENSERS
<input type="checkbox"/> SINGLE-SERVING PACKETS	<input type="checkbox"/> ALL FOODS ARE PREPACKAGED	Other: _____

## BOOTH REQUIREMENTS for CFM RC1 vendors

### FLOORING:

Floor must be smooth and cleanable, such as concrete, asphalt, tight wood or located inside buildings. If the booth will be located on grass, dirt, decomposed granite, or other porous material, additional flooring material such as a tarp or tight wood, must be provided.

### OVERHEAD PROTECTION:

Overhead protection (canopy tent, canvas or other approved materials) must be provided to protect the facility from precipitation, dust, bird and insect droppings, and other contaminants.

### ACTIVITIES allowed under a canopy only (no sidewalls required) include:

- 1) Selling pre-packaged foods only.
- 2) Sampling pre-packaged or pre-portioned food samples.
- 3) Storing pre-portioned, unpackaged food items in food compartments; served by operator to customers upon order using tongs or tissue.

No self-service. **Food compartment must be of solid construction with a tight-fitting lid/door and must fully enclose all food, food-contact surfaces and the handling (service) of non-prepackaged food.**

I understand that I must provide a sign that is legible and clearly visible to patrons at all times while operating at Farmers' Markets, with the following information: - The Business Name (in letters at least three inches high) - City, State, Zip Code and Name of the Owner/Operator (in letters at least one inch high)  <b>The color of the letters must be a color contrasting with the surface on which it is posted.</b>	INITIAL HERE: <input type="text"/>
I understand that I must provide a hand wash station with warm water in an insulated container, hand soap and paper towels at all times while offering non-prepackaged samples at Farmers' Markets.	INITIAL HERE: <input type="text"/>
I understand that I must provide a 3-compartment warewash set up for washing, rinsing and sanitizing utensils that are used to prepare samples while operating at the Farmers' Market.	INITIAL HERE: <input type="text"/>

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS. I UNDERSTAND THAT I WILL BE CHARGED UP TO THREE TIMES THE PERMIT FEE IF FOUND OPERATING WITHOUT A VALID HEALTH PERMIT ON-SITE AT THE FARMERS' MARKET. I UNDERSTAND THAT THE FEES ARE NON-REFUNDABLE AND PERMITS ARE NON-TRANSFERABLE.

**I UNDERSTAND THAT I MUST NOTIFY ENVIRONMENTAL HEALTH, IN WRITING, WHEN BUSINESS CLOSSES OR A CHANGE OF OWNERSHIP OCCURS IN ORDER TO CANCEL THE PERMIT AND AUTOMATIC RENEWAL/BILLING.**

SIGNATURE: \_\_\_\_\_ NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_