



COUNTY OF SAN MATEO

Environmental Health Services Division
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403
Phone (650) 372-6200 Fax (650) 627-8244
www.smchealth.org/foodforms



CERTIFIED FARMERS MARKET (CFM) - NON-AGRICULTURAL VENDOR PERMIT APPLICATION

APPLICATION IS PENDING INSPECTOR APPROVAL. PLEASE ALLOW TWO WEEKS TO PROCESS PERMIT ONCE APPLICATION IS APPROVED.
PERMITS WILL BE MAILED UNLESS REQUESTED FOR PICK-UP AT WILL CALL. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATION TYPE (select one):

[FEES](http://www.smchealth.org/foodforms) (www.smchealth.org/foodforms)

- NEW PERMIT ADDITIONAL CFM PERMIT OWNERSHIP CHANGE BUSINESS NAME CHANGE

Total # of CFM Non-Ag Vendor Permits in applicant's name: _____

previous name: _____

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: _____

***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 CFM Non-Ag Vendor permit to be valid.

RETAIL FOOD FACILITY (e.g., restaurant or bakery)
Must be located in San Mateo County
 APPROVED COTTAGE FOOD OPERATION (CFO)
Must located within 100 miles of San Mateo County.
Provide proof of Environmental Health permit or registration issued to the business/owner applying for the CFM Non-Ag Vendor permit.

COMMERCIAL KITCHEN (no retail front)
 SHARED KITCHEN (renting space within a commissary or other kitchen)
Provide proof of a Processed Food Registration (PFR) issued by CA Department of Public Health Food and Drug Branch (CDPH FDB) issued to the business/owner applying for the CFM Non-Ag Vendor Permit.

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:

FOR OFFICIAL USE ONLY

FACILITY ID: _____ RECORD ID: _____ PROGRAM ELEMENT: 1546 REHS APPROVAL: _____
COMMENTS: _____ DATE: _____

MARKET INFORMATION

List all CFMs at which you will operate and attach extra pages if necessary. (The original permit must be available for review during all times at the market, if operating at two or more markets concurrently, multiple permits are required.)

NAME OF MARKET	ADDRESS OF MARKET	DAYS OF OPERATION

FOOD 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. No on-site food preparation is allowed, with the exception for kettle corn. Cold holding is allowed, hot holding is not allowed.

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

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

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)

The color of the letters must be a color contrasting with the surface on which it is posted.

INITIAL HERE:

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:

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:

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 THE ORIGINAL PERMIT ON-SITE AT THE FARMERS' MARKET.

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

SIGNATURE: _____ NAME AND TITLE: _____ DATE: _____