



## CERTIFIED FARMERS' MARKET RISK CATEGORY 2 - PERMIT APPLICATION

The Certified Farmers' Market Manager must submit all RC2 food vendor applications AND full payments **AS ONE PACKET AT LEAST 14 DAYS** before starting at the event. This application is site specific for the one market location named on this application. Any applications received directly from a vendor or any 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: \_\_\_\_\_ OWNER (2) NAME: \_\_\_\_\_  N/A  
 HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ MAIL ALL CORRESPONDENCE TO (select one):  
 FACILITY ADDRESS: \_\_\_\_\_  OWNER (1)  OWNER (2)  FACILITY ADDRESS  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  OTHER: ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ [FEES](http://www.smchealth.org/ehfees) (www.smchealth.org/ehfees)

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

### DAY-OF-THE-EVENT DETAILS

**1. DEMONSTRATION OF KNOWLEDGE** *If preparing, handling, or serving non-prepackaged food, the person in charge must demonstrate that he or she has adequate knowledge of food safety principles as they relate to the specific food facility operation.*

<input type="checkbox"/> CERTIFIED FOOD MANAGER (attach certificate)	<input type="checkbox"/> CERTIFIED FOOD HANDLER (attach certificate)
Name of Certified Person: _____	Certificate #: _____ Expiration: _____
<input type="checkbox"/> ATTACHED THE COMPLETED FOOD SAFETY QUIZ	<input type="checkbox"/> N/A (only pre-packaged non-potentially hazardous food)

**2. BOOTH CONSTRUCTION** *Food preparation booths must be fully enclosed, constructed with four sides, a washable floor and overhead protection. Pre-packaged food booths require a washable floor and overhead protection. Describe the materials that will be used for the booth.*

WALLS: \_\_\_\_\_ FLOOR: \_\_\_\_\_  
 OVERHEAD PROTECTION: \_\_\_\_\_  N/A, FOOD EVENT IS INDOORS

**3. FOOD PROTECTION** *Identify methods of protecting foods from customer contamination (e.g., condiments, samples, 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: _____

#### 4. ALTERNATE SINK EQUIPMENT

DESCRIBE HAND WASH STATION IN BOOTH: \_\_\_\_\_

DESCRIBE WAREWASH STATION OR ALTERNATIVE PROCEDURE: \_\_\_\_\_

**5. AVAILABILITY OF FACILITIES**

WHAT IS YOUR POTABLE WATER SOURCE? \_\_\_\_\_

WHERE WILL YOU DISPOSE OF YOUR GARBAGE? \_\_\_\_\_

WHERE WILL YOU DISPOSE OF YOUR WASTE WATER? \_\_\_\_\_

**6. TEMPERATURE CONTROL** Describe equipment/methods for ensuring proper holding temperatures during transport and the event.

COLD HOLDING DEVICES TO HOLD FOOD  
BELOW 45° F (e.g., refrigerator, ice chest, etc.) \_\_\_\_\_

HOT HOLDING DEVICES TO HOLD FOOD  
ABOVE 135° F (e.g., steam table, crock-pot, etc.) \_\_\_\_\_

COOKING AND REHEATING EQUIPMENT  
(e.g., gas grill, microwave, etc.) \_\_\_\_\_

**Note: Accurate metal-stem probe thermometers are required in all booths.** All potentially hazardous foods must be kept out of the temperature danger zone during transportation from facility, during cold/ hot holding times, 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.

TIME AS A PUBLIC HEALTH CONTROL (TPHC) Note: Must keep TPHC logs and Standard Operating Procedures (SOP) on site during CFM.

**7. FOOD/ DRINKS TO BE SERVED** List all menu items, attach additional pages if necessary.

Menu Item e.g., teriyaki chicken	Describe how food will be transported e.g., insulated container	Describe any off-site preparation of food e.g., cut and marinated	Describe preparation of this item at the event e.g., cooked on BBQ grill	Describe method for temperature control e.g., ice chest, steam table

**8. REQUIRED PERMITS AND OFF-SITE FOOD PREPARATION/STORAGE** (select one)

Food prepared at home is NOT allowed. All food prepared or stored prior to the Temporary Event must be done at a permitted Food Facility (e.g., commissary, restaurant, or church kitchen), an approved Cottage Food Operation (CFO) OR all food must be purchased on the day of the event.

**FOOD FACILITY AGREEMENT:** I hereby allow \_\_\_\_\_ to use my permitted food facility for food preparation, storage, and sanitizing equipment on the following date(s): \_\_\_\_\_ .  
Completed by food facility Owner

FACILITY NAME: \_\_\_\_\_ OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
NAME AND TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETAIL FOOD FACILITY PERMIT** - Attach a copy of Environmental Health Permit.

**COTTAGE FOOD OPERATION** - Attach a copy of CFO registration or permit. Approved food products only.

**N/A** - No food will be prepared or stored off-site. All food will be purchased on the day of the event and receipts will be available for inspector.

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 CLOSURES OR A CHANGE OF OWNERSHIP OCCURS IN ORDER TO CANCEL THE PERMIT AND AUTOMATIC RENEWAL/BILLING.**

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