Placer County
Health and Human Services Department

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Perspective, Hope, and Opportunity

# Certified Farmers Market

Application Information

## A. Introduction

The purpose of this application is to assist Placer County's Certified Farmers Market event organizers to plan a safe and sanitary market which meets all California Health and Safety Code requirements. Each Certified Farmers Market (CFM) must obtain its own permit to operate legally within Placer County.

## B. Fees

Each Certified Farmer Market is charged an annual fee per location for the entire operating season.

## C. Application

CFM Event Name: _____

CFM Event Location: _____

Starting Date: _____ Ending Date: _____

Hours: _____ Anticipated Attendance: _____

CFM Event Coordinator Name/Contact Name: _____

Event Coordinator Mailing Address: _____

_____

Event Coordinator Telephone Number: _____

## D. Identification of Participating Farmers

Please provide a list of all farmers that are to be participating at your CFM. Your list must include each of the farmer's (1) contact name, (2) business name, (3) business address, (4) telephone number, and (5) types of products to be sold (e.g. produce, fruit, nursery stock, honey, meat, eggs, etc.). Any Non-Certified (Value Added) Agricultural product (e.g. jams, pies) must be processed and packaged at an approved commissary. Non-Certified (Value Added) Agricultural product vendors must submit a Placer County Commissary form as proof of approved commissary along with a written description of the production, transportation, selling, and sampling of the product.

I certify that I am familiar with the infrastructure requirements for food service at Certified Farmers Markets (as per the California Health & Safety Code) and that I will be responsible for the provision and maintenance of restrooms with hand washing, potable water supply, waste removal, janitorial facilities, or any other certified farmers market common services. I also understand that depending on risk assessment and staff assignments, initial farmer and/or event inspection may be conducted by this office.

CFM Event Coordinator Name (print): _____

Date: _____ Signature: _____

| Office Use Only | | | | |
|---|---|---|---|---|
| Amt Paid:_____ | Date Paid:_____ | Rpt#:_____ | Chk #:_____ | Chk Date:_____ |