

## **Placer County** Health and Human Services Department

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## **Certified Farmers Market**

**Application Information** 

## Introduction

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 o	charged an annual fee p	per location for the entire	operating season.
C. Application			
CFM Event Name:	_		
CFM Event Location:			
Starting Date:	End	ing Date:	
Hours:	Anticipated	Attendance:	
CFM Event Coordinator Name/Co			
Event Coordinator Mailing Addre	ess:		
Event Coordinator Telephone Nu	mber:		
D. Identification of Participatin	ng Farmers		
Please provide a list of all farmer farmer's (1) contact name, (2) be products to be sold (e.g. product Added) Agricultural product (e.g. Non-Certified (Value Added) Agroof of approved commissary a sampling of the product.	ousiness name, (3) buse, fruit, nursery stock, g. jams, pies) must be gricultural product venders.	iness address, (4) teleph honey, meat, eggs, etc.) processed and packaged lors must submit a Place	one number, and (5) types of Any Non-Certified (Value at an approved commissary. County Commissary form as
I certify that I am familiar with the per the California Health & Safe restrooms with hand washing, pofarmers' market common service initial farmer and/or event inspect CFM Event Coordinator Name (p	ety Code) and that I wintable water supply, was. I also understand the tion may be conducted	all be responsible for the aste removal, janitorial fat depending on risk asso	provision and maintenance of acilities, or any other certified
Date:	Signature:		
Office Use Only			
Amt Paid: Date Paid:	:Rpt#:	Chk #:	Chk Date: