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## Placer County Health and Human Services Department

**Richard J. Burton, M.D., M.P.H.**Health Officer and Department Director

Wesley G. Nicks, R.E.H.S.
Director of Environmental Health,
Public Health and Animal Services

## **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

Chk #:

Chk Date:

Rpt#: