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Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

APPLICATION FOR CERTIFIED FARMERS MARKET PERMIT

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

CFM DETAILS:

Name: _____

Location: _____

Start Date: _____ Ending Date: _____

Hours: _____ Anticipated Attendance: _____

MARKET OPERATOR DETAILS:

Name: _____

Mailing Address: _____

Telephone: _____ Alternate Telephone: _____

PARTICIPATING FARMER DETAILS:

Please provide a list of all farmer participants with the following information for each farmer:

- (1) contact name
- (2) business name
- (3) business address
- (4) business telephone
- (5) types of products to be sold (e.g. produce, fruit, nursery stock, honey, meat, eggs, etc.).

*****Note Regarding Processed Agricultural Products*****

Any processed agricultural product that is made with ingredients not produced by the farmer, or that is combined with non-agricultural products (excluding food coloring, pectin, rennin/rennet or ingredients used as preservatives, seasonings, and flavorings) shall disqualify the product from being sold as an agricultural product and subject the producer to retail food facility permitting requirements. Vendors are encouraged to contact Placer County Environmental Health for a consultation on the requirements related to their specific products.

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.

Market Operator Name Printed: _____

Market Operator Signature: _____ **Date:** _____