

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
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102 York Road, Suite 401
Willow Grove, PA 19090
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Farmers Market Licensing and Inspection

A vendor is defined as a facility that is operating as part of an interim market. These facilities are not permanent structures and are assembled and disassembled routinely at one location. All food vendors must contact the Office of Public Health (OPH) to determine proper licensing.

Exempt Vendors

Licensing and inspections are **not required** for vendors that sell only *whole uncut produce (raw agricultural products) or commercially pre-packaged non-TCS (time/temperature control for safety foods/non-perishable food products)*. If that describes your business, you do not have to fill out any paperwork and need not proceed any further. **Providing a small amount of sampling of raw agricultural products non-TCS food is permissible.* Exempt vendors may be subjected to on-site inspections to ensure appropriate exempt status and adherence to food safety guidelines.

Non-Exempt Vendors

Vendors, who cut produce for sale, sell unpackaged baked goods, prepare food for sale on-site or sell perishable food products are required to obtain a license and undergo inspections. If your business engages in any of the described activities, you must complete the attached packet. Please refer to our fee schedule at www.montcopa.org/healthfeeschedule. A completed packet and fee must be submitted 30 business days prior to the market opening.

Mobilized Vendors

Mobilized vendors (any operation that moves around with the same exact set-up and equipment from market to market) are **not required** to complete this packet, **but must complete** a Plan Review Packet, which can be obtained by going onto our website: www.health.montcopa.org. Mobile vendor licenses can only be used for one set-up at one location at a time.

Once the packet is received, reviewed and approved by our office, an Environmental Health Specialist will contact you to grant approval for operation.

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FARMERS MARKET APPLICATION
TO OPERATE A SEASONAL OUTDOOR FARMER'S MARKET

License Number: _____

Please check application status and **PRINT** all applicable information. Incomplete applications will be returned and will delay processing time/issuance of license.

Initial Application License Renewal Duplicate License

MARKET INFORMATION		
VENDOR NAME:	PHONE NUMBER:	OWNER:
MARKET NAME /ASSIGNED SPACE/BOOTH #:	OPENING DATE:	CLOSING DATE:
ADDRESS OF MARKET:	DAYS OF OPERATION (<i>circle</i>):	
	Sunday Tuesday Thursday Saturday Monday Wednesday Friday	
MUNICIPALITY OF MARKET:	HOURS OF OPERATION:	
OWNER MAILING ADDRESS:	OWNER EMAIL ADDRESS:	
Approved by:	New License Expiration Date:	

Fee MUST be filed with application. All checks and money orders are to be made payable to the TREASURER OF MONTGOMERY COUNTY. Refer to our fee schedule at www.montcopa.org/healthfeeschedule

Application is hereby made for license to operate a food service establishment in Montgomery County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Montgomery County Public Health Code and/or the current version of the FDA Food Code and all other applicable regulations. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

 Print name of owner/authorized agent

 Signature of owner/authorized agent

 Title



1. FOOD/DRINK PREPARATION LOCATION

Food/drink items must maintain proper temperature during storage, transport and display. Time/temperature control for safety food/drink items must be held at temperatures below 41° F, or above 135° F at all times. Please check appropriate cooling or heating source (check all that apply).

- Cooling Source:*
- Mechanical refrigerators
 - Insulated containers such as ice chest/coolers
 - Dry ice
 - Ice packs
 - Drained wet ice (*Drained ice used for cooling must not present a hazard*)
 - Other _____

- Heating Source:*
- Sterno
 - Electricity
 - Propane
 - Chafing dishes
 - Other _____

2. FOOD/DRINK ITEMS

All food vendors must provide copy of a current commissary license and letter granting unrestricted access to facility or current registration from another regulatory authority.

Food/drink items are prepared (check all that apply):

- On site
- At Commissary (catering facility)/Licensed Food Establishment
- Purchased already commercially prepared/packaged

Please provide list of food/drink items sold and/or sampled at the Farmers Market. The purpose of providing the list of food/drink items is for MCHD staff to ensure that the transportation and handling of these items are under temperature control.

1. _____ Delivered to event: Frozen Hot Cold Room Temperature
2. _____ Delivered to event: Frozen Hot Cold Room Temperature
3. _____ Delivered to event: Frozen Hot Cold Room Temperature
4. _____ Delivered to event: Frozen Hot Cold Room Temperature
5. _____ Delivered to event: Frozen Hot Cold Room Temperature

Please use the next sheet of paper to list additional food/drink items.

List additional food/drink items here.

3. FACILITY PROTECTION

Overhead protection must be provided for your entire food-service operation. Side barriers must be available when needed for dust and insect control.

1. Overhead protection: Roof Canopy Umbrella Tarp Other _____

2. Side barriers available when needed: Yes

3. Describe floor surface material: _____

4. Food/drink items are stored off the ground: Yes How: _____

5. Food is displayed covered Yes Method: _____

6. All unpackaged food/drink items are not accessible to customers: Yes Method: _____

4. SINKS AND RESTROOMS

Provide information regarding sinks (if applicable) and restrooms:

Hand washing is required at each stand that is handling open food products.

Describe hand washing set-up: _____

Location/Source of Toilets <i>Include written permission from owner of toilet facilities, if not provided by vendor</i>	Hand wash sink Yes/No

5. SKETCH

Vendor must supply accurate sketch of booth. Indicate location of restrooms, sinks, and refuse containers. Hand sink location must be approved by the Health Department. If the hand sink is not located in the booth, sketch must indicate location of hand sink to determine if handwashing is accessible. Label all equipment. Indicate the method(s) of customer protection from the heating equipment through proper location of equipment, or through barriers.

