



# FARMER'S MARKET FOOD SERVICE FACILITY PERMIT APPLICATION

Department of Health  
Environmental Health Services  
6401 York Road, Third Floor  
Baltimore, Maryland 21212  
410-887-FOOD (3663)  
410-887-3392 FAX

**PLEASE READ CAREFULLY**

<b>INSTRUCTIONS</b>	<ul style="list-style-type: none"> <li>• <b>Application fee is \$175.00 and is non-refundable.</b></li> <li>• Type or print in black ink. All applicable blanks must be filled in and the application must be signed.</li> <li>• Send the application fee to the address above, in the form of a check or money order made payable to: <b>"Baltimore County Maryland"</b>.</li> <li>• Provide a copy of:             <ul style="list-style-type: none"> <li>○ your annual food service facility permit from your licensing jurisdiction,</li> <li>○ a letter from the Farmer's Market Manager stating you are allowed to sell food at that market,</li> <li>○ completed drawing of your <b>Farmer's Market Food Service Facility</b> on the attached Sketch Sheet</li> <li>○ completed Food Preparation Sheets, Attachments A and B as applicable.</li> </ul> </li> <li>• Incomplete applications will be returned for corrections/completion and will delay issuance of permit.</li> <li>• Permits must be issued prior to preparation or sale of food.</li> <li>• If you need assistance filling out this application, please call 410-887-FOOD (3663).</li> <li>• <b>OPERATING WITHOUT A FARMER'S MARKET OR TEMPORARY FOOD SERVICE FACILITY PERMIT IS SUBJECT TO A CIVIL PENALTY OF \$500.00 PER DAY.</b></li> </ul>
<b>APPLICANT INFORMATION</b>	Trading Name of Applicant <span style="float: right;">Applicant Phone Number</span>
	Name of Applicant <span style="float: right;">Applicant Cell Phone Number</span>
	Applicant Mailing Address    Number                  Street
	City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>
<b>FOODS SERVED</b>	<p>List all food and beverage items to be prepared and served. Complete Attachment A and/or B for the foods to be served at this event. (NOTE: Any changes to the menu must be submitted to and approved by the Department of Environmental Protection &amp; Resource Management (DEPRM) at least <b>10 days</b> prior to the event.) <b>NOTE: There can be no preparation of raw poultry or poultry products on site unless that site meets the criteria for an approved facility as defined §.02B(7) of COBCR 1.01.01 – Food Service Facilities.</b></p> <p>_____</p>
<b>FOOD PROTECTION</b>	<p><b>Method used to protect food products from contamination:</b> ___sneeze guards ___physical distance from the public ___lids on containers ___other</p> <p>(Describe) _____</p> <p>_____</p> <p>_____</p>

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Page 2: Trading Name of Applicant: \_\_\_\_\_

<b>MONITORING</b>	<p>How will food temperatures be monitored during the events?</p> <p>_____</p> <p>_____</p>
<b>FOOD SOURCE</b>	<p>Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:</p> <p>_____</p> <p>_____</p>
<b>HANDWASHING</b>	<p>Describe the number, location and set up of handwashing stations to be used by the <b>Food Establishment workers</b> (NOTE: Temporary handwash station shall be stocked with soap, paper towels, trash receptacle, and a catch container to collect waste water from a container filled with tempered water that has an open-and-close spout (i.e. coffee or tea urn with a bucket. SEE DIAGRAM ON PAGE 7):</p> <p>_____</p> <p>_____</p>
<b>WATER SUPPLY</b>	<p>Identify the source of the potable water supply and describe how water will be stored and distributed at the <b>Farmer's Market Food Service Facility</b>. If a non- public water supply is to be used, provide the results of the most recent water tests.</p> <p>_____</p> <p>_____</p>
<b>FOOD PROTECTION</b>	<p><b>Method used to protect food products from contamination:</b> __sneeze guards __physical distance from the public __lids on containers __other</p> <p>(Describe)_____</p> <p>_____</p>
<b>WARE WASHING</b>	<p>Describe the location of the 3-compartment sink with hot and cold running water that you will use to wash, rinse, and sanitize food equipment.</p> <p>_____</p>

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Page 3: Trading Name of Applicant: \_\_\_\_\_

<b>FARMER'S MARKET INFORMATION</b>	Name of Market Manager/Contact Person		Daytime Phone Number
	Name of the Market		Manager/Contact E-mail Address
	Location of the Market		
	Hours of the Market	Day of Market	Set-up Time
<b>PLEASE SIGN</b>	<ul style="list-style-type: none"> <li><b>I have examined and read the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, those of Baltimore County and the State of Maryland.</b></li> <li><b>I understand that falsification of this application may result in denial, suspension or revocation of the permit.</b></li> </ul>		
	<p>_____</p> <p><b>(Owner/Operator's Signature)</b></p>		<p>_____</p> <p><b>(Date)</b></p>
<b>Print the Owner/Operator's Name</b>			
<b>DO NOT WRITE BELOW THIS LINE</b>			
<b>FOR OFFICE USE ONLY</b>	Date of Approval	Fee Amount Received	Date Received
	Approved By	Permit Number	Date Permit Issued
	Beginning Date	Expiration Date	Program Number

Page 4: Trading Name of Applicant: \_\_\_\_\_

## Sketch Sheet

### Drawing of Farmer's Market Food Service Facility

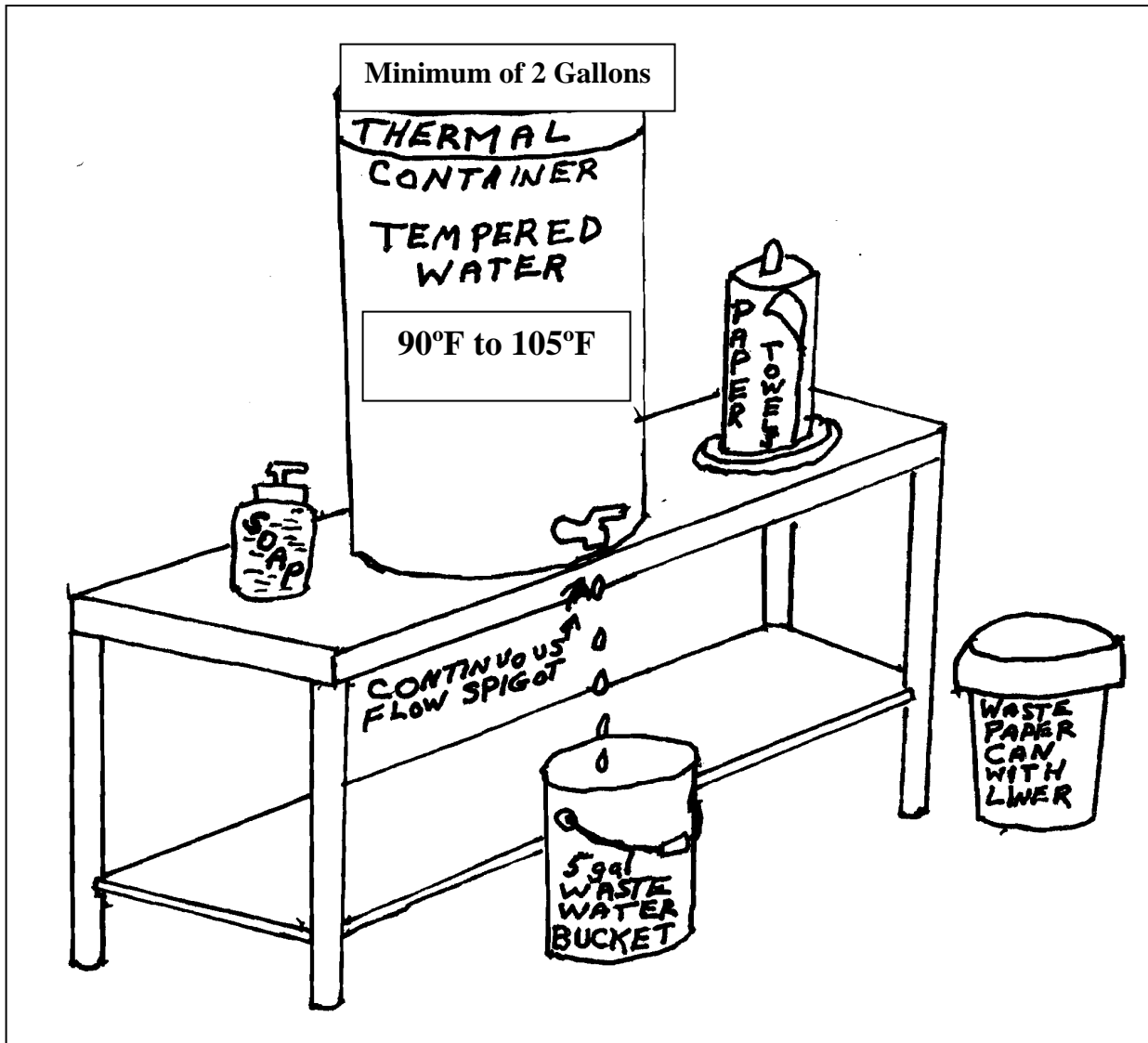
In the following space, provide a drawing of the Farmer's Market Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.







# Temporary Handwashing Station



Page 8: Trading Name of Applicant: \_\_\_\_\_

**Name, Location and Date of the Different Farmer's Markets that you are operating from:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_