

For Office Use Only:

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Approved: YES / NO Supplier
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Date: _____
Approved by: _____
Permit #: _____
Assigned to: _____

FARMERS' MARKET FOOD ESTABLISHMENT APPLICATION

**Incomplete applications will delay processing of permit. Please type or print clearly.
Applications will be processed in the order they are received.**

A Farmers' Market Food Establishment permit is valid for 120 days within a calendar year.

Applications **MUST** be received at the office at least (10) calendar days **PRIOR** to operation.

Submit Check or money order with the application.

Non-Profit Organizations that provide a copy of their **State Tax Exempt Letter** are exempt from fees. However, they must obtain a Farmers' Market Food Establishment permit and follow the applicable rules and regulations.

I. Market Information

Additional paper may be used for additional market locations.

Additional \$50 fee for each market applies, up to a maximum of \$193. When operating at multiple markets at the same time.

Name of Market #1 (Fee \$75): _____ Days of Operation: M T W Th F S SU _____

Name of Market #2(Fee \$50): _____ Days of Operation: M T W Th F S SU _____

Name of Market #3(Fee \$50): _____ Days of Operation: M T W Th F S SU _____

II. Applicant Information

Name of Food Establishment: _____

Name of Owner/Operator: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Tax Exempt Number (if applicable): _____

III. List All Foods and Beverage items to be prepared/served:

Food Item	Purchased or Provided from:	Off-site Prep (Yes/No)	If Yes, Location	How is food being held at the proper temperature?

Additional paper may be used for additional menu items.

IV. Off-Site Food Location Information (please include a copy of the most recent Health Department inspection)

Name of Food Establishment: _____

Name of Owner/Operator: _____

Address: _____

Phone Number: _____

V. Operator Responsibilities

Please initial all of the lines below. Your initial will represent that you have read the items and understand the requirements of an operator.

Initial: _____ 1. I understand I am responsible for meeting all requirements as set forth in the Food Code of St. Louis County Department of Public Health.

Initial: _____ 2. I understand the booth must be properly equipped during all operating hours; failure to do so may result in suspension of the Food Establishment Permit.

Initial: _____ 3. I understand I must contact the St. Louis County Department of Public Health to advise of any changes or additions to this application prior to the event.

Initial: _____ 4. I have been provided a copy and have read the Farmers' Market Food Establishment reference guide.

Initial: _____ 5. I understand that no refunds will be given to a vendor for failure to participate.

Initial: _____ 6. I understand that all food products are to be obtained from an approved source.

Initial: _____ 7. All food rinsed, chopped, prepared, cooked and/or stored onsite or in an approved commercial kitchen (If in a commercial kitchen, please include a copy of the most recent Health Department inspection)

Applicant's Signature: _____ Date _____

Applicant's Printed Name: _____

Public Health Satellite Offices:

NORTH

21 Village Square
Hazelwood, MO 63042
Phone: 314.615.7469
Fax: 314.615.7439

SOUTH

4562 Lemay Ferry Rd
St. Louis, MO 63129
Phone: 314.615.4027
Fax: 314.615.4008

WEST

74 Clarkson Wilson Ctr
Chesterfield, MO 63017
Phone: 314.615.0929
Fax: 314.615.0925

CENTRAL

6121 North Hanley Road
Berkeley, MO 63134
Phone: 314.615.8900
Fax: 314.615.8951

For additional food safety information, visit us at: www.stlouisco.com