

FARMER'S MARKET FOOD SERVICE FACILITY PERMIT APPLICATION

Page 2: Trading Name of Applicant: _____

MONITORING	<p>How will food temperatures be monitored during the events?</p> <p>_____</p> <p>_____</p>
FOOD SOURCE	<p>Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:</p> <p>_____</p> <p>_____</p>
HANDWASHING	<p>Describe the number, location and set up of handwashing stations to be used by the Food Establishment workers (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>
WATER SUPPLY	<p>Identify the source of the potable water supply and describe how water will be stored and distributed at the Farmer's Market Food Service Facility. If a non- public water supply is to be used, provide the results of the most recent water tests.</p> <p>_____</p> <p>_____</p>
FOOD PROTECTION	<p>Method used to protect food products from contamination: __sneeze guards __physical distance from the public __lids on containers __other</p> <p>(Describe)_____</p> <p>_____</p>
WARE WASHING	<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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FARMER'S MARKET INFORMATION	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
PLEASE SIGN	<ul style="list-style-type: none"> 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. I understand that falsification of this application may result in denial, suspension or revocation of the permit. 		
	<p>_____</p> <p>(Owner/Operator's Signature)</p>		<p>_____</p> <p>(Date)</p>
Print the Owner/Operator's Name			
DO NOT WRITE BELOW THIS LINE			
FOR OFFICE USE ONLY	Date of Approval	Fee Amount Received	Date Received
	Approved By	Permit Number	Date Permit Issued
	Beginning Date	Expiration Date	Program Number

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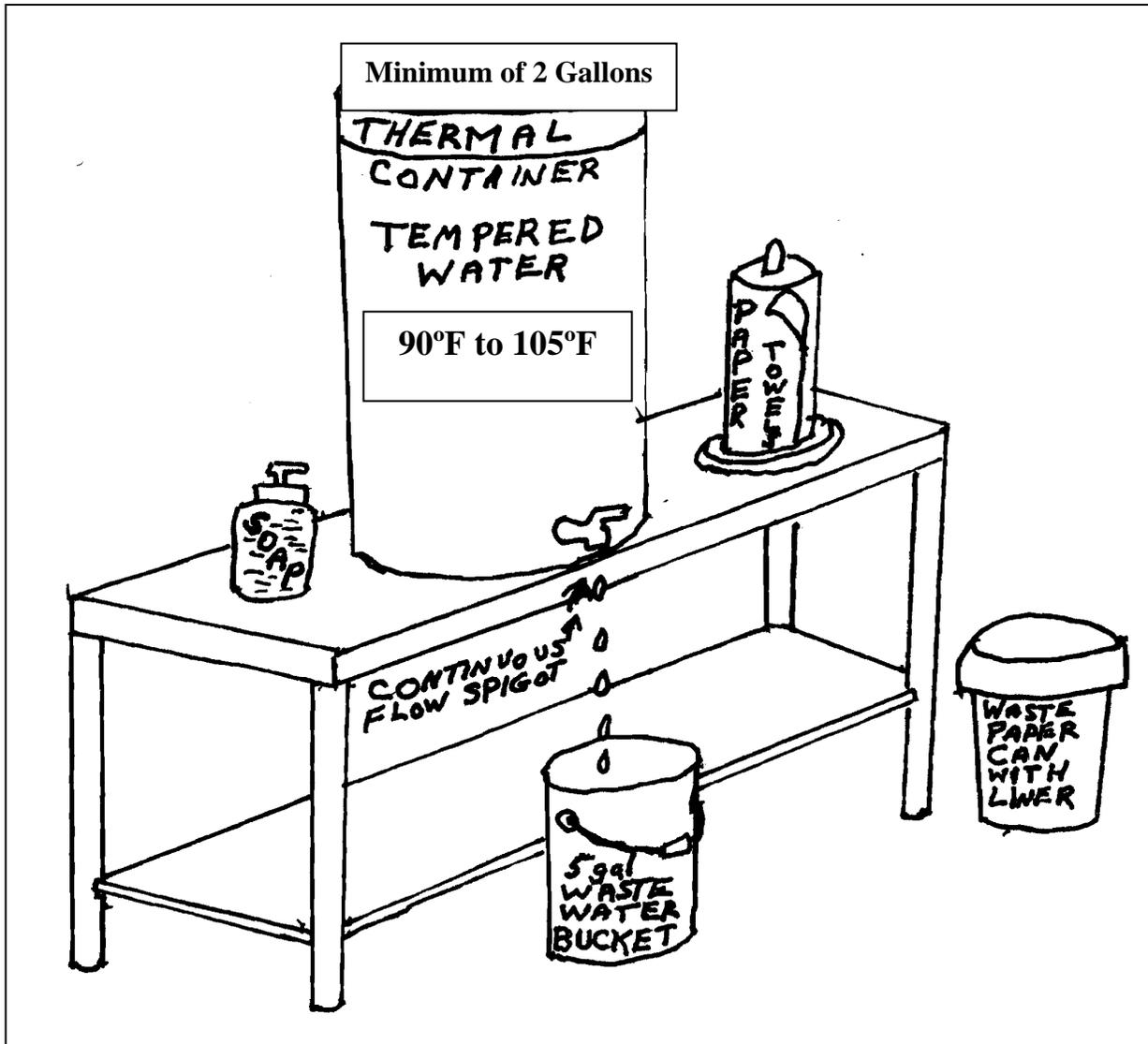
Sketch Sheet

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.

A large, empty rectangular box with a thin black border, intended for the applicant to draw a detailed sketch of their food service facility. The box occupies the lower two-thirds of the page.

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. _____
