

FARMERS MARKET VENDOR PERMIT APPLICATION

Each food vendor MUST submit a completed application to Algoma Public Health at <u>least 14</u> <u>days</u> prior to the event. See Event Guidelines for further details.

Event Information							
Name of Market:							
Market Address:							
Start Date: End Da	ite:		Time(s)	of Operation:			
Vendor Information							
Name of Booth:							
Operator Name(s):							
Mailing Address:							
Phone #:		Fax	· #:				
Email:							
Farmers' Market Information							
Are you a farmer?					Yes	No	
Are you canning food? (Only jams, je		Yes	No				
Are you already an inspected facility		Yes	No				
Will a certified food handler be on sit	te?				Yes	No	
Will you be selling eggs?					Yes	No	
 Egg grading station and regis 	stration nur	nber	:				
Will you be selling meat? (Meat mus	t be from a	n ins	spected animal))	Yes	No	
 Where is meat inspected/pro 	cessed:						
Booth Information							
How will food be transported to the v	enue?						
Refigerated truck Cooler	efigerated truck Cooler or insulated bag with ice Other, specify:						
Are you providing food samples?	Yes	No					
Are you cold holding:	Yes	No	Method:				
Are you hot holding:	Yes	No	Method:				
What type of handwash station will y	ou have at	you	r booth?				
Container with Spigot	nandwash station will you have at your booth? with Spigot Portable Hand Sink Affixed Hand Wash Station						
How will you wash and sanitize uten	sils?						
Single-use Utensils	Off-site, location	on:					
What method will be used to protect food from contamination during display?							
Food grade wrap/packaging Sneeze guard				Other, specify:	·		

				is required.					
Menu Item				Address of Food Preparation					
Required Items fo									
	nd Wash Station Supplies: Pump S		•	Paper Tow	•	Catch Basin			
•		hermometer	Storage Th	ermometer					
Approved Sanitizer: Bleach			Chlorine	Test Strips					
xtras:		Extra U	tensils	Hair Cover	ing Designated N	Money Handler			
ertified Food Ha	ndler(s)								
				s required on-si on site must be	te at the time of the attached.				
	mer's mark	et I am plannir	ng to participa	ate in and unde	derstand the requirer rstand a Public Hea ed.				
Print Name		Signature	<u> </u>	Date					
Office Use O	nly								
Approved	Yes	No							
Comments:				<u> </u>					
1									
Date:			PHI Signatur	re:					