

**FARMERS' MARKET
VENDOR/SAMPLER/TEMPORARY
SPECIAL FOOD SERVICE FACILITY
PERMIT APPLICATION**

**Prince George's County Health Department
Department of Permitting, Inspections and Enforcement**
9400 Peppercorn Place, Largo, Maryland 20774
Office: 301.883.7690 | TTY/STS Dial 711

INSTRUCTIONS	<p>Application fee is non-refundable. Type or print legibly. All blanks must be filled in, if applicable, and the application must be signed. Submit check or money order for the application fee payable to "Prince George's County." Check as applicable: Farmer's Market Vendor — \$275.00 + 5% Technology Fee of \$13.75 for a total of \$288.75 after April 30 (\$192.50 + 5% Technology Fee of \$9.60 for a total of \$202.10 if paid on or before April 30). Farmer's Market Sampler — \$27.50 + 5% Technology Fee of \$1.38 for a total of \$28.88 Farmer's Market Sampler license fee only allows the applicant to provide samples at one market. Farmer's Market Single Day — \$82.50 + 5% Technology Fee of \$4.13 for a total of \$86.63 (This allows vendors to serve food at a market one time only and may not be repeated at that market in the same calendar year). Incomplete, application will be returned for corrections/completion and will delay issuance of the permit. If issued, this permit only allows you to operate at the Farmers Market(s) noted on the application. Operation at additional Farmers Market(s) will require separate permits. If you need assistance filling out this application, please call 301-883-7690. OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A \$1,000.00 FINE.</p>		
APPLICANT INFORMATION	Trading Name of Applicant		Applicant Phone Number
	Name of Applicant		Applicant Cell Phone Number
	Applicant Mailing Address	<i>Number</i> <i>Street</i>	Applicant E-mail Address
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<p>A FARMERS' MARKET VENDOR Permit (not the SAMPLER or SINGLE DAY) allows the applicants to operate at two registered markets per season. Operating at more than 2 markets requires additional permits. Complete the information for up to two markets below:</p>			
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		
	Days and Operating Hours of the Market		Set-up Time
SECOND FARMER'S MARKET (VENDORS ONLY)	Name of Market Manager/Contact Person		Daytime Phone Number
	Name of the Market		Manager/Contact E-mail Address
	Location of the Market		
	Days and Operating Hours of the Market		Set-up Time
<p>FOR ALL APPLICANTS — Use the following section to describe your farmer's market setup. Each section must be completed. In each area CHECK ALL THAT APPLY.</p>			
<p>Source of food Maryland farm(s) Name(s): _____ wholesale store(s) or distributor(s) Name(s): _____ retail store(s) or licensed food facility Name(s): _____</p>			

Food will be prepared
on-site before or during the market
in the following licensed food service facility or on farm processing facility (include name and address):

Hot or cold food will be transported to the market
in insulated containers in coolers with ice in a temperature controlled truck or appliance Other _____
No food requiring temperature control will be served.

Cooking equipment used no food will be cooked at the market
deep fryer gas grill oven rice maker stove or burners steamer Other _____

Food will be held hot on a grill, stove or other cooking device
in chafing dishes under a heat lamp or in a warmer No food will be kept hot Other _____

Food will be held cold in mechanical refrigeration on ice or with ice packs

Hand washing sink or station complete with soap in a dispenser and paper towels with a waste basket
set up prior to any food preparation permanent fixtures easily accessible to the food preparation area (indoor events only)

Vegetables and/or fruits will be washed at the event in a basin with potable water
At a food service facility and transported in clean containers No fruits or vegetables will be prepared or served

Utensils and cutting boards will be washed, rinsed and sanitized
in a 3 bay sink or in 3 basins at the event at a licensed food service facility after the event (multiple sets of utensils required)
sanitized in a dishwasher not applicable (no reusable utensils or the food is prepackaged)

Sanitizer to be used for food contact surfaces (TEST STRIPS ARE REQUIRED)
chlorine bleach quaternary ammonia iodine

Bare hand contact with ready to eat food will be prevented by using
gloves (non-latex) wax paper tongs, spatulas or other utensils not applicable (food is pre-packaged)

List Each Menu Item Separately with preparation and service method: (attach additional sheets if necessary)
Example: Beef empanadas, baked at Eastside Bakery and held hot at the market

PLEASE SIGN

- ◆ *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 the State of Maryland and Prince George's County.*
- ◆ *I understand that falsification of this application may result in the denial, suspension or revocation of the permit.*

_____ Applicant Signature _____ Printed Name of Applicant _____ Date

Do Not Write Below This Line

FOR OFFICE USE ONLY	Date Received	Fee Amount Received	Receipt Number	Facility Number
	Date of DPIE Processing	Processed By	Permit Number	Expiration Date
	Date of Health Approval	Approved By	Date Permit Issued	Date of First Inspection