



Farmers Market Vendor Application

Please complete form in its entirety.

A Farmers Market Vendor 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.

For office use only:	
Stamp date received/payment:	Product Approved: Yes / No
	Supplier Approved: Yes / No
	Approval Date: _____
	Approved By: _____
	Registration #: _____
	Assigned To: _____

I. Market Information

Name of market #1 (Fee \$50): _____

Name of market #2 (Fee \$30): _____

Name of market #3 (Fee \$30): _____

Additional paper may be used for additional market locations.

An additional \$30 fee for each market applies, up to a maximum of \$193, when operating at multiple markets at the same time.

II. Operator Information

No cooking of food products is allowed as a Farmers Market Vendor. A Farmers Market Food Establishment permit is required for providing cooked food products.

Organization/Farm Name: _____

Contact Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ ZIP: _____

Email: _____

1. Is mechanical refrigeration available to hold cold foods? Yes No N/A

2. If sampling, is a hand washing station available with a water jug with a free-flowing spout, a bucket for wastewater, soap, and paper towels like the one shown? Yes No N/A

3. Is canning being done? Yes No

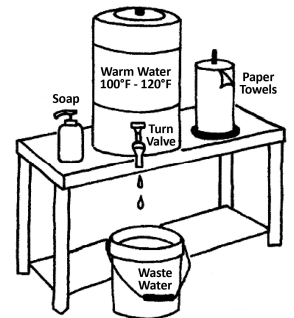
If yes, please provide a special processing certificate and HACCP plan unless canning is limited to jams and jellies.

4. Are products individually wrapped? Yes No

If no, is a cover provided to prevent contamination? Yes No

5. Where is the food being purchased? _____

If food is prepared offsite, please provide a commissary agreement and the most recent health inspection.



Saint Louis County Department of Public Health sampling guidelines are to be followed if providing samples of farm produce to the public.



Type of Farm Product/Produce:	Method of Transportation/Preparation:	Sampling? Yes/No

Additional paper may be used for additional menu items.

Saint Louis County Department of Public Health sampling guidelines are to be followed if providing samples of farm produce to the public.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Public Health Satellite Offices

North

715 Northwest Plaza Dr
St. Ann, MO 63074
o: (314) 615-7469
f: (314) 615-7439

South

4562 Lemay Ferry Rd
St. Louis, MO 63129
o: (314) 615-4027
f: (314) 615-4008

West

74 Clarkson Wilson
Chesterfield, MO 63107
o: (314) 615-0929
f: (314) 615-0925

Central

6121 N Hanley Rd
Berkeley, MO 63134
o: (314) 615-8900
f: (314) 615-8951

For additional food safety information, visit us at: www.stlouiscountymo.gov