



## 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.

**For office use only:**

Stamp date received/payment:	Product Approved:	Yes / No
	Supplier Approved:	Yes / No
	Approval Date:	_____
	Approved By:	_____
	Permit #:	_____
Assigned To:		_____

### I. Market Information

Additional paper may be used for additional market locations. An 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: \_\_\_\_\_

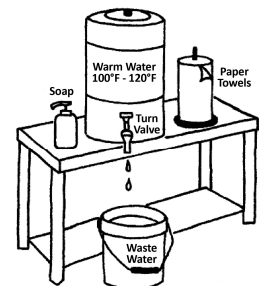
Name of Owner/Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax Exempt Number (if applicable): \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is mechanical refrigeration available to hold cold foods?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is a stem thermometer available for food temperatures?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is sanitizer available with appropriate strips?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is a wash, rinse, and sanitize station available for dishwashing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |





**III. List all foods and beverage items to be prepared/served**

<b>Food Item:</b>	<b>Purchased or provided from:</b>	<b>Off-site Prep? Yes/No</b>	<b>If Yes, Location:</b>	<b>How is food being held at the proper temperature?</b>

*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 and the commissary agreement)

Name of Food Establishment: \_\_\_\_\_

Name of Owner/Operator: \_\_\_\_\_

Address: Phone Number: \_\_\_\_\_

**V. Operator Responsibilities**

**Please initial each line below.** Your initial will represent that you have read the items and understand the requirements of an operator.

- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 4. I have been provided a copy and have read the Farmers Market Food Establishment reference guide and agree to follow the guidelines.
- \_\_\_\_\_ 5. I understand that no refunds will be given to a vendor for failure to participate.
- \_\_\_\_\_ 6. I understand that all food products are to be obtained from an approved source.
- \_\_\_\_\_ 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 and a commissary agreement.)

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.stlouiscountymmo.gov](http://www.stlouiscountymmo.gov)**