



SOUTH CENTRAL HEALTH DISTRICT

196 North Main St.
 Southington, CT 06489
 860.276.6275 | schd-ct.org

FARMERS MARKET LICENSE APPLICATION

Check which applies

- Farm (Whole Produce)
- Farm w/ other items
- Non-Farm Vendor

Farmers Vendors	Free
All other food vendors	\$100/\$15 (one-time vendor)
Pre-packaged food sales	\$25 Sampling only
Late fee	\$25

Market Name: _____ **Date(s)** _____ **Time** _____

Location _____

Name of Food Booth: _____

Contact Person: _____ **Mailing Address:** _____

Email Address: _____ **Phone:** _____

List ALL Foods and Beverages Being Sold: (All food items other than whole produce must be from an approved source.)

Please describe how AND where foods will be prepared, cooked, and transported:

Explain how cold foods will be kept cold: (Max, 41 degrees F and below)

Explain how hot food will be kept hot: (Min. 135 degrees F and above)

FOR DISTRICT USE ONLY

Date _____ Cash Check # _____ Fee Code(s) _____
 Total Fee Paid \$ _____ Money Order

Will you be sampling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Please indicate water source for cooking, cleaning, and handwashing: _____

Please describe how utensils, cutting boards and surfaces will be sanitized:

Please describe how the handwashing set up will be set up in your booth:

Is there a toilet facility or will portable toilets be used?

Draw layout of trailer or booth. Show all components including but not limited to overhead protection, handwashing station, tables, equipment, coolers, grills and toilet facilities, etc.

