

2024 Farmers Market Application

A Farmer’s Market is a designated location used for a recurring event at which a majority of the vendors are farmers or other food producers who sell food directly to the consumer.

Farmer’s Markets are allowed to have food vendors other than whole agricultural produce. Food preparation practices at farmer’s markets are to comply with the farmer’s market rules, retail food rules and any other governing laws established by the State of Texas depending on the food products offered within the vendor’s booth.

Farmer’s Market Vendors requiring a retail food permit are now allowed to obtain a permit to sell at any Farmer’s Market within the local jurisdiction for one year. These changes have made it necessary for NET Health to change how we have issued permits to food vendors at farmer’s markets. NET Health will need applications for all Farmer’s Markets to establish the locations of all Farmer’s Markets within NET Health jurisdiction so that we can properly issue the correct application and permit to vendors.

Because farmer’s markets are temporary in nature like other temporary events, they present particular concerns that are unique to nonpermanent food establishments, it is important for each Farmer’s Market to have some standardized provisions for the various types of food vendors that will be attending. Now that Farmer’s Market Vendors will be allowed to travel to all Farmer’s Markets within NET Health jurisdiction it is important that they are able to consistently setup properly at each market.

This Farmer’s Market Application is intended to help establish the standardized provisions for all Farmer’s Markets within NET Health Jurisdiction. Please contact the Environmental Health Director for any clarifications or necessary modifications this application should include.

Each vendor that will have open food handling or offer foods or beverages that require time or temperature control will be required to submit application and obtain a permit from NET Health. Whole produce or foods that fall under the cottage food production are exempt. The annual permit fee is based on complexity of service and risk of foodborne illness. Each vendor can submit application to the Environmental Health Department at 815 N. Broadway Ave. in Tyler, TX 75702.

Each year, the Farmer’s Market Manager is required to pay a $25 fee and complete an application with NET Health establishing the farmer’s market, its location, days and hours of operation and the season duration.

**Each Farmer’s Market Application will undergo a plan review to review the property location for general sanitation provisions and utilities for patrons and vendors.** The following information should be provided to NET Health for the plan review of a Farmer’s Market.

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| **Farmer’s Market Information (Primary Market Location)** |
| Market Name: |
| Market Physical Address: |
| Does this Farmer’s Market Have Multiple Locations? [ ]  Yes [ ]  No (If yes, use supplemental page) |
| Web Address: | Facebook: |
| Other Social Media: |  |

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| **Farmer’s Market Ownership Type** |
| [ ]  Limited Liability Company | [ ]  Limited Partnership |  [ ]  Sole Proprietorship |
| [ ]  Corporation | [ ]  General Partnership |  [ ]  Government |
| [ ]  501 (c) 3 | [ ]  Other |

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| **Consumer Benefits Offered** |
| Does your market accept vouchers from the WIC (Women, Infants and Children) Program? | [ ]  Yes [ ]  No |
| If no, Are you interested in learning how to participate in this program? | [ ]  Yes [ ]  No |

**Application Checklist**

In order to be approved by NET Health, farmers markets MUST comply with and submit each of the following:

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| [ ]  The farmers market must have a person in charge managing the farmers market during all hours the market is operating[ ]  Submit a current list of officers (president, vice president, secretary, treasurer or equivalent) that includes name, address and phone numbers for each officer.[ ]  Submit with this application and a list of the names and contact information of person in charge of each vendor that will offer foods or beverages to the patrons. Please categorize each food vendor into their appropriate group. Such as: fish/aquatic species; livestock; planting seed; poultry; produce; wildlife; cottage food or other food producer; [ ]  Record Retention for 2 years. Retain a list of members and their contact information for NET Health to review. Retain records of member attendance for each operating day. Retain records verifying that each vendor has obtained all applicable permits for products offered to patrons. Verify that each member has a record keeping process for batch control and foodborne illness traceback purposes. [ ]  Submit this application, completed in full. Applications must be submitted via mail or in person to the address below or through the application within the NET Health Webpage: [www.MyNetHealth.org](http://www.MyNetHealth.org)  |

In the table below, please describe to the best of your ability what utilities the Farmer’s Market will provide for the food vendors that need hand washing, ware washing and temperature controls for their food products.

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| **Max number of vendors that will be participating in the farmer’s market season****Food Vendors (Cottage, Agricultural Foods, Other Food Consumables):**Craft / Art / Non-Food Vendors:  |
| **Utensil Washing**  [ ]  Provided by Farmer’s Market:Type of sink:[ ]  Produce Washing Sink:  | **Food Storage** Refrigerated trailer or other mechanical refrigeration provided for food vendors [ ]  Yes [ ] No |
| **Toilet Facilities** **# of Toilet and Hand Washing Facilities that will be provided based on local building codes: \_\_\_\_\_\_\_\_\_**[ ]  Portable [ ]  Existing restrooms available***Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.*** | **Refuse & Liquid Waste Disposal** Farmers Market will provide dumpster or trash bins for solid waste disposal. Will trash be removed by the waste company weekly? [ ]  Yes [ ]  NoWill you allow vendors that produce or use grease?  [ ]  Yes [ ]  NoIdentify company responsible for grease waste disposal: |
| **Potable Water Supply**[ ]  Public Water SystemName of water supply company[ ]  Non-public water supply (Results of most recent water test must be submitted). |  Waste Water Disposal Food Vendors will need to discharge their waste into sanitary sewer. What provisions is provided on property. [ ]  Portable tank [ ]  Approved sewer connection onsite  |
| **Electrical Supply**How will electricity be provided to vendors that need electricity?Contact local building department for applicable requirements. |

 Anything else that you plan to provide for the vendors or explain the boxes checked within this table? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supplemental Page for Additional Market Locations

Please use this sheet to list all farmer’s market locations. Make copies if more sheets are necessary.

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|  **FARMER’S MARKET VENDING LOCATIONS** |
| **Is this your Primary Market Location?** [ ]  Yes [ ]  No  |
| **Hours of Vendor TFE Operation (include time set-up will begin):** |
| **Date(s) of Farmer’s Market Season:****Anticipated Maximum Attendance at Peak Time:\_**  |
| **Event Location:**[ ]  Indoor Event [ ]  Outdoor Event\*\* Event will occur regardless of the weather conditions:[ ]  Yes [ ]  No |
| **Restroom Facilities:** **How many permanent restrooms are available for vendors and patrons? \_\_\_\_\_\_** How many handwashing facilities are available for patrons? \_\_\_\_\_\_  |
| **What type of vendor structures will you allow at the market?**[ ]  Booth [ ]  Mobile Food Establishment[ ]  Permanent Building [ ]  Food Push Cart |
| **What utilities will you provide to the vendors:**[ ]  Potable water hose connection [ ]  Wastewater disposal [ ]  Grease disposal[ ]  Electrical plug in [ ]  Trash Disposal  |

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| **Farmer’s Market Information** |
| Market Name: |
| Physical Address: |
|  Street City State Zip |
| Web Address: | Facebook: |
| Other Social Media: |  |

 **Days and Hours of Operation**

 Days: Open: Closed: Time Open: Time Closed:

## Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Submit a Sketch of the general layout of the Farmer’s Market indicating the location of the following:

1. Location of all Food Vendors
2. Water supply connections
3. Toilet and handwashing facilities
4. Trash disposal containers
5. Grease waste containers
6. Location of shared utensil-washing facilities
7. Refrigerated trailer or mechanical refrigeration, if provided
8. Electrical Hook Ups
9. Location of live animals (include distance of Food Vendors from all other facilities on the sketch plot plan.)

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| **Market Manager Information** |
|  First Name: MI: Last Name: |
|  Market Mailing Address: |
|  Street City State Zip |
| Email:  |
| Phone:  | Cell:  | Can we Text the cell? [ ]  Yes [ ]  No |

**Signature**

Applicant agrees to manage all vendors and comply with local municipal, health and safety regulations, and the rules and requirements of all other State or Federal rules applying to human foods or pet foods offered at the Farmer’s Market.

I hereby certify that I am authorized to sign this application on behalf of the above-stated farmers market.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_