



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
 Director of Health

Vendor – Farmer’s Market Application

Please see the Farmer’s Market Fee Schedule.

Note: Depending on the volume of pending applications, complete applications submitted less than 14 days from the market date may require a full 2 weeks to review. Payment of a late fee does not guarantee review in less than 14 days.

Date: _____

Name of Food Operator/Vendor: _____

Mailing Address of Food Operator/Vendor: _____

Event: _____

Address of Event: _____

Date(s) of Event: _____

Time(s) of Event: _____

Number of Food/Beverage Concession Booths: _____

“CFPM for Event” (Attach copy of food safety certificate): _____

Signature of Primary Contact person: _____

Print name and phone number of Primary Contact Person for Food: _____

Day Time Telephone No. (8:30AM – 4:30PM and/or after 4:30PM): _____

E-Mail Address: _____

Permit Number: _____

Approved: _____

CFPM: _____

Certificate: Y N Copy Rec’d



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The following information must be completed in its entirety before an approval may be granted.

1. List food/beverage/ice suppliers or stores where these items will be purchased/obtained.

2. List all menu items to be served at the function (including commercially prepared items):

3. Describe how/where the food items will be kept cold/frozen in booth **and** back-up storage facilities.

4. a. List all food items to be cooked at event with equipment to be used:

b. List all food items to be prepared or manufactured at the license base of operation:

5. How will the hot food items be kept at 135°F or above and list equipment to be used? Power source?

6. List/provide description of all storage units (foods, beverages, paper products, etc.):

7. Include how food will be protected/stored at the booth, i.e., coolers with ice pads, frozen ice inserts, insulated pizza bags, soup crock with cover, food grade plastic containers, sneeze guards, etc.

8. Indicate the potable water source to be utilized for cooking, cleaning, and hand washing. How will it be heated?



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9. a. How and where will the service utensils, food contact surfaces, etc. be cleaned and sanitized (list sanitizer);

b. Describe how in-use utensils will be stored at the booth?

10. Describe how cooked and/or cold potentially hazardous foods will be transported to event, in what types of containers and how temperatures control will be monitored. (Cold = 41°F or below; Hot = 135°F or above)

11. Where will toxic and cleaning items be stored at the booth?

12. Where will condiments and single service items be stored and how will they be dispensed at the booth? (Examples: pump dispensers, individual packets, squeeze bottles, wrapped straws, pre-wrapped eating utensils, etc.)

13. Provide storage method/location and disposal of waste grease; wastewater; food/garbage; cardboard debris; etc.

14. Provide/locate all utilities/extra equipment to be brought to event such as propane tanks, generators, fans, additional freezers, and the like.

15. Provide a description of overhead protection to be used at event.

16. Submit layout plan of booth, with measurements, including equipment and sink(s).



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Farmer's Market Fee Schedule

I have registered with the Market Master for _____ Farmer's Market.

1. Sampling Permit (180 consecutive days)

- Farm Processed/Produced Food or Beverage – **No Charge**
Name of Farm: _____
Address of Farm: _____
 - List of proposed items to be sampled along with the NCDHD application (attached).
 - Well Water test (if farm processed food or beverage)
- Commercial Vendor/Approved/Licensed/ **CT Cottage Food Vendor - \$25.00**
 - Copy of DCP/FME License
 - Copy of Local Health Department Food License & Base Kitchen, if applicable
 - Water Test (if needed)
 - Complete NCDHD application (attached) with proposed menu items
 - **Cottage Food – copy of license from DCP and copy of DCP approved listing-products/food items**

2. Seasonal Permit – Food/Beverages – Individual Portion Sales

Check One: 180 days - **\$100.00** 90 days - **\$50.00** One Day - **\$25.00***
**One day fee can be applied toward a 90-day or 180-day seasonal permit – required NCDHD approval.*

- Commercial Vendor / **Connecticut Cottage Food Vendor**
 - Copy of CFPM Certificate
 - Copy of Local Health Department Food License & Base Kitchen, if applicable
 - Water Test (if needed)
 - **Cottage Food – copy of license from DCP and copy of DCP approved listing-products/food items**
- Farm Vendor – Individual Portions - **\$25.00**
 - Same as above along with the completed application

3. Guest Chef Demonstration at Farmer's Market: **\$25.00**

- Copy of CFPM Certificate
- Copy of Local Health Department Food License & Base Kitchen, if applicable
- Water Test (if needed)
- Completed NCDHD application (attached) with proposed menu items

4. Any vendor who would like one (1) trial day at a market, may do so at no charge. The application must be submitted in the timeframe required. If the vendor chooses to participate after the trial day, they must submit the full fee prior to the next market date to do so.

5. **Late Fee: \$25.00** – Submitted less than 14 days from the stated date of sales, sampling, demonstration. Note: Depending on the volume of pending applications, applications submitted less than 14 days from the market due may require a full 2 weeks to review. Payment of a late fee does not guarantee review in less than 14 days.