

CHATHAM HEALTH DISTRICT

2023

Serving the Towns of Colchester, East Haddam, East Hampton, Hebron, Marlborough & Portland

Farmers Market Temporary Food Establishment Application

First Name: _____ Last Name _____ Cell#: _____

Name of Business/ Association: _____

Street: _____ Town: _____

Email Address: _____

Commercial/ Farmer _____ \$100.00 per season (all markets are included if Certified CT Market)

_____ \$50.00 Samples only must be cold per season (all markets included if Certified CT Market)

_____ \$25.00 late fee if not submitted 10 days before event

FEE PAID \$ _____
Check# _____
Cash _____ Date Received _____

“Farmer” with current valid permit from another CT Health Department **No fee required** must provide the application and license from other health department.

Please check the Certified Farmers Markets you plan to participate in:

Summer Season

- East Haddam Farmers’ Market, Ballek’s Garden Center, Saturdays 9am-1pm
- Colchester Farmers’ Market, On the Green, Sundays 9am-1pm
- Hebron Farmers’ Market, Hebron Elementary School, Saturdays 9am-12pm

Winter Season

- Cold Spring Farm Winter Harvest Farmers’ Market, Cold Spring in East Haddam, Sundays 10am-1pm

DIRECTIONS: Per the CT Farmers Market Reference guide Ch. 12 **“Cooking, providing samples, or preparing food items at a farmers’ market by any individual, even those not considered to be farmers, will be classified and regulated as a temporary food service establishment”**. Serving individual portions requires a temporary food permit. Farmers must provide copy of their current license from another Health Department. Include a copy of the current food service license if the kitchen is not located in the Chatham Health District.

1) **Check all that apply:**

- Serving samples only
- Food being **COLD** held $\leq 41^{\circ}$
- Non-Potentially Hazardous Food which requires no temperature monitoring
- Food which is being Held **HOT** $\geq 135^{\circ}$ F
- Serving ready to eat food, prepared in a licensed kitchen in the State of CT

2) List **all** food and beverage items to be prepared, sampled or served. Attach a separate sheet if necessary.

Food Item _____ Prepared at _____ TFS Booth ____ Kitchen

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Note: If your food preparation procedures cannot fit in the above, please add an attached sheet.

1. Will all food be prepared at the temporary food event?

_____ YES

_____ NO

2. Describe the food source and operation approach at the event:

Note: There shall be no home cooking or home preparation of food offered at temporary food events. All food must be obtained from a licensed and permitted retail or wholesale distributor. **Circle all that apply:**

- a. Food prepared or precooked at a licensed kitchen or restaurant.
- b. Precooked food ordered/purchased or donated by food establishment.
- c. Food will be cooked on the premises.
- d. Mobile Vendor

3. If you answered yes to question 3a or 3b

a. Name of Licensed establishment _____

b. Address of licensed establishment _____

- c. Please submit license to Chatham Health District with this application if issued outside the Chatham Health District.
4. Describe how Potentially Hazardous Foods (PHF) will be transported from the licensed kitchen to the event **SAFELY within adequate temperature range (be specific)**. Check all that apply:
 Thermal Vehicles _____ Cooler with Ice _____
 Thermal Box: _____ Thermal Bag _____
 Other (describe) _____

NOTE: Record time and temperatures of all products before leaving base of operation (this allows Chatham Health District to allow reheating or rapid chilling of food product onsite rather than discarding food items)

5. Identify cooking equipment and approach, **choose as many as apply**:
 _____ Gas Grill _____ Kettle (corn)
 _____ Propane burner/ stove _____ Fryer
 _____ Other (specify) _____

6. Describe how electricity will be provided to the temporary food establishment.
- _____
- _____
- _____

7. List all places (names and addresses) where the food source especially meats, poultry, seafood (shellfish tags must be kept with the product and held for 90 days) and ice will be purchased.
- _____
- _____
- _____

8. Identify the source (name and address) of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used you must submit most recent water tests with this application.
- _____
- _____
- _____

9. Hand washing facilities with soap and paper towels are required to be set up and used by employees/ servers. Please **indicate/ circle** below the setup you will provide.
- a. Commercial portable hand washing station
- b. Temporary hand washing set up, **MUST** include items 1 and 2 listed items below:
1. Thermal water tank with Spigot
2. Waste water bucket
- c. Working hand sink inside the mobile food unit

10. Waste water and grease disposal: Describe how wastewater will be collected, stored and disposed. NOTE: No waste water or grease is permitted to be disposed of on the ground or down a storm drain.

_____ Collected by event coordinator _____ Bring back to base of operation

11. How and where will equipment and utensils be washed? Circle at least on item below.

- a. Commercial ware washing facility on event premises
- b. Portable 3-bay sink with hot and cold water connected to blue boy
- c. Three containers of suitable size (adequate for submerging largest piece of equipment)
- d. Will bring back to the base of operation to wash (ONLY for events less than 4 hours)
- e. Not applicable (if using single service utensils or prepackaged foods)

12. What type of sanitizer will be used? You must provide corresponding test strips to be sure sanitizer is the correct concentration.

_____ Chlorine Sanitizer (bleach and water solution)
_____ Quaternary ammonium solution (tablets)

9. Garbage containers: Describe the number and location of garbage containers.

10. If hot holding foods what heat source will be used to keep hot foods hot (at 140 degrees and above)? (pizza, soup, etc)

_____ Electric Steamer _____ Chaffing dishes
_____ Grill _____ N/A (cold food only)
_____ Propane Steamer _____ Will cook and serve no hot holding
_____ Other(describe) _____

11. Describe how cold foods will be kept at 45 degrees and below

_____ Commercial cooler/freezer _____ Cooler with Ice
_____ Ice packs _____ Other (describe) _____

12. You are required to have thermometers in all cooler and way to sanitize probe thermometers onsite. Select from items below which you will have onsite:

_____ Digital thin probe thermometer _____ Alcohol Swabs
_____ Cooler thermometers _____ Metal Stem Thermometers

13. Food Protection equipment is required, circle what you will provide below.

- a. Tent required if food will be prepared, cooked and dispensed outside
- b. Food MUST be properly covered, sneeze guards will be required for self-serve or areas open to the public
- c. Adequate shelves required for storing food and food service items, containers MUST be off the floor

14. Please indicate how employee hygiene will be clean, neat and protect food items from contamination. Check all that will be provided.

- Effective hair restraints (hat or hair net)
- No exposed open cuts/wounds
- Clean outer clothes including apron
- Food grade gloves

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chatham Health District may nullify final approval. I certify that I have received and am familiar with the Guidelines for Food Service at Temporary Events and that the above described establishment will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut.

Using Attachment A, I will record the names, phone numbers, and locations for the entire Farmers Market season. I will return Attachment A to the CHD at the end of the season and it shall be available upon request.

I will POST a valid license at each Farmers' Market location/ event.

This application is for Chatham Health District approval only, the applicant must contact the Market Master for each Farmers' Market separately.

Applicant Signature: X _____ Date: _____

This is an application; activity is not authorized until a permit is issued.

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Chatham Health District: for office use only

APPROVAL: _____YES_____NO

Any Permit Restrictions: _____

Reviewed & Approved by: _____Date: _____

Date applicant contacted/notes

Attachment A

BOOTH NAME OR BUSINESS _____

CHD FARMERS MARKET LOG 2022

Name of Employee/ Volunteer	Phone #	Location of Farmers Market	Date

After the season this form **must** be submitted to the Chatham Health District.
Please forward to the fax or address below.