

# Cerro Gordo County Department of Public Health

22 N Georgia Ave Suite 300 –Mason City IA 50401

(641) 421-9336

## APPLICATION TO OPERATE A FARMER’S MARKET FOOD ESTABLISHMENT

A Farmer’s Market Food Establishment License is valid in the County for which it was issued during market times only

Penalties will be assessed if application is not submitted prior to operating

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

FOOD ESTABLISHMENT INFORMATION	MARKET INFORMATION
<b>Name of Owner and Business Name:</b>	<b>Market Name:</b>
<b>Mailing Address:</b>	<b>Location:</b>
<b>City/State/Zip Code:</b>	<b>Address:</b>
<b>Contact Information:</b> phone ( ) -                      cell phone ( ) - email	<b>City:</b>  <b>County the market is located:</b>
<b>Type of Organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	<b>Market Date(s):</b> Start date _____ End date _____ Beginning time _____ Ending Time _____ Day(s) of the week _____
<b>Hours of Operation:</b> Set-up/Preparation Time:            Service Time:	<b>Market Master’s Name:</b> cell phone ( ) -            email
<b>On-site (Person-in-Charge) Contact:</b> Name                                      phone ( ) - cell phone ( ) - email	<b>Market Location:</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Secondary on-site (Person-in-Charge) Contact:</b> Name Cell phone ( ) -	<b>Facility Type:</b> <input type="checkbox"/> Booth <input type="checkbox"/> Permanent Building <input type="checkbox"/> Other define: _____

<b>FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.</b>			
List menu item(s) (attach list of more space is needed)	Source of food (must provide invoice or receipt at the event)	All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	If prepared at another location indicate what preparation will occur**
<i>Example: Cut watermelon</i>	<i>Smith’s Farm</i>	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">Yes</span> /No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

**\*\*For food items that will be prepared at another location, provide the following information:**

Food Establishment Name	Name of Permit Holder
Address and City	License #
Date and Time of preparation	Contact phone number

## FARMER'S MARKET FOOD ESTABLISHMENT REQUIREMENTS

### Booth Construction

Overhead Covering:  Canvas  Wood Other: \_\_\_\_\_  
 Floor:  Asphalt  Concrete  Wood Other: \_\_\_\_\_  
 Walls:  Screens  Concrete  Wood Other: \_\_\_\_\_  
 Booth supplied by:  Food Stand Operator  Event Organizer

### Utensils and Equipment (check all that apply)

Single-serve eating and drinking utensils  
 Multi-use kitchen utensils  
 Type of Utensil Washing Setup:  
 Three basin set-up  
 Shared three compartment sink  
 Three compartment sink within a food establishment  
 N/A  
 Sanitizer to be used:  Chlorine  Quaternary Ammonia  
 Iodine  Other \_\_\_\_\_  
 Test strips provided  Yes  No

### Handwashing Facilities

Provided by:  Event Coordinator  Food Stand Operator  
 Type of handwashing facility: (must be located in all food preparation and handling areas)  
 Gravity-fed water with spigot/bucket  
 Self-contained portable unit  
 Plumbed with hot and cold water under pressure  
 N/A (only prepackaged foods are sold)  
**Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing stations.**  
 Disposable gloves provided  Yes  No

### Food Storage or Display Equipment

List all equipment used for food storage and display:  
 Hot:  
 Cold:  
 Dry:  
 Condiments:

### Water Supply

Provided by:  Market Master  Food Stand Operator  
 Source of water  Public \_\_\_\_\_  \*Private well \_\_\_\_\_  
 \*If private, test results must be provided with the application or at the time of the inspection.  
 Method of providing hot water: \_\_\_\_\_

### Thermometers (must always be onsite):

Refrigeration/Cold Storage  
 Cooking/hot food storage(indicate type): \_\_\_\_\_

### Toilet Facilities for Food Employees

Provided by:  Market Master  Food Stand Operator

### Cooking Equipment

Identify all cooking equipment that will be used:

### Electrical Supply:

Generator  Power hook up  Other \_\_\_\_\_  
 No Power  Lighting available

### Food Transportation

Identify how food will be transported to event:

### Refuse Removal

Describe how refuse will be disposed of:

### Food Employees/Volunteers

Certified Food Manager available  Yes  No  
 Name: \_\_\_\_\_ Certificate available  Yes  No  
 # of food employees/volunteers: \_\_\_\_  
 Person responsible for maintaining log book \_\_\_\_\_

### Liquid Waste Removal

Describe how liquid waste will be disposed of:  
  
 Frequency of liquid waste removal: \_\_\_\_ times per day

A Farmer's Market Food Establishment License will not be issued unless this application meets all applicable requirements found in the Iowa Food Code as summarized in the Temporary/Farmer's Market Food Establishment Rules and the regulatory authority has approved the license. Non-compliance may result in closure of the Farmer's Market Food Establishment.

**License Fee \$100.00**

Submit payment to: **Cerro Gordo County Department of Public Health**  
**22 N Georgia Ave, Suite 300**  
**Mason City, IA 50401** **Phone number (641)421-9336**

Applicants Name (Print): \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

### DO NOT COMPLETE INFORMATION BELOW-FOR OFFICE USE ONLY

Check #	Date Received	Amount Received
Check Name	Penalty Amount	Amount Due

Sketch below the general layout of the Farmer's Market Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage
5. Location of condiments

