

## **Application For Farmers' Market Food Vendor Monmouth County Health Department**



A signed letter of approval must be obtained by this office, prior to the start of any retail food operations. Operating without approval, may result in summonses being issued.		FOR DEPARTMENT USE ONLY			
		Date Received:/			
		Application Approved: ☐ Y ☐ N			
TYPE OF OPERATION:					
MARKET TO ATTEND:		Dates:			
RETAIL FOOD ESTABLISHMENT INFORMATION					
Name of Owner:					
Address:	City:		State:	ZIP:	
Phone Number:	Email:				
Name of Establishment:					
Municipality in which your business is licensed:			State:		
SERVICING AREA INFORMATION					
8:24-3.2(a)2 Food prepared in a private home shall not be used or offered for human consumption in a retail food establishment. "Commissary, Base of Operation, Servicing Area" means an operating base location to which a temporary retail food establishment or mobile retail food establishment returns regularly to clean equipment, prepare food, discharge liquid or solid waste, refill water tanks and ice bins, and board food (8:24-1.5). Please provide the following information for your licensed and inspected facility.					
Establishment Name:					
Address:	City:		State:	Zip:	
Name of Owner: Phone #:					
In order to obtain approval, the following documents must be submitted for review.					
<ul> <li>Monmouth County Application for Far</li> <li>Separate applications are required fo</li> <li>Food protection manager certification</li> <li>Servicing Area Agreement</li> <li>An annually signed and dated statem</li> <li>A copy of the facility's satisfactory instance</li> <li>Cottage Food Operator</li> <li>A currently active Cottage Food Oper</li> <li>Regulatory Approval for Conducting at example and example a food so that it is respectively and example and proved food products that example and example and products that example and e</li></ul>	r each municipality (Asburd n or HACCP plans may be re- ent from the owner giving spection placard. ator Permit. Specialized Food Proces n packaging where <i>Clostria</i> preservation, curing food, not potentially hazardous of must be obtained by the lo	y Park, Holmdel, equired.  permission to u  s.  lium botulinum  or using food a ar as a method o ocal health author	se their inspected kit is a microbiological h dditives, or adding of f preservation not fla ority where your serv	nazard. This includes components such as evor enhancement. vicing area resides.	
<ul> <li>Product Labeling</li> <li>Submit a sample food label for the product being sold. Packaging that is not labeled or improperly labeled will not be</li> </ul>					
<ul> <li>permitted for sale.</li> <li>Packaged food shall be labeled as specified in N.J.S.A. 24:5-17, 21CFR Part 101, or N.J.A.C. 8:24-11.4</li> </ul>					

Meat and poultry that is not ready-to-eat, shall be labeled to include safe handling instructions Additional information can be found at: <a href="https://www.state.nj.us/health/ceohs/documents/food-drug-">https://www.state.nj.us/health/ceohs/documents/food-drug-</a>

safety/parts of food label.pdf

Full menu or complete list of food and/or beverages with particular attention to any items which require temperature control and/or are "potentially hazardous".					
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	4.				
	6.				
	8.				
	What arrangements will you have to ensure the product remains within acceptable temperatures during transportation, as well				
as market hours? (All cold food must be less than 41°F. Hot food is truck, food trailer, or mobile cart).					
<ul> <li>Potential Customer Contamination</li> <li>Sneeze guards, domes, or other means required to ensure all exposed food product is protected against customers, dirt, insects, etc. Due to the imminent health risk, set-ups that do not contain a means to protect food products from customer contamination will not be allowed to participate.</li> <li>What type of measures will you employ to ensure that the product is protected against potential customer contamination, insects, and dirt/dust contamination during the market?</li> </ul>					
<ul> <li>Hand Hygiene</li> <li>Will you be providing samples of your product to customers? □YES □NO</li> <li>Will you need to directly contact your food product using your hands? □YES □NO</li> <li>Will you be wearing gloves? □YES □NO</li> <li>If you answered yes to any of the above questions, what type of measures will you employ to provide proper hand washing facilities/ hand hygiene? If gloves are not to be used, how will you prevent bare hand contact with "Ready to Eat" products?</li> </ul>					
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This office reserves the right to deny this application, or any product listed under the "Menu" section on the basis that one or more food products intended for sale are "Potentially Hazardous", is not listed on the "Minimum Food Safety Requirements for Product Sales Farm Markets and Community Farmers' Markets" or is not listed on the Cottage Food Operator Permit. These guidelines established by the New Jersey Department of Health have been attached for your convenience. Additional requirements may be made based upon the nature of the proposed operation, food being sold, or operational inspection in accordance with N.J.A.C. 8:24.  A Cottage Food Operator will be approved for exactly what is listed on the Cottage Food Permit. Food products that are not listed on the permit or have been altered will not be permitted for sale.  Monmouth County Health Department does not license or issue permits. All licenses and permits are issued by the municipality in which the market resides, where your "Servicing Area" resides, or the NJDOH.  Please complete and submit NO LATER THAN 7 DAYS PRIOR to the market.  Monmouth County Health Department  50 East Main Street Freehold, NJ 07728  TELEPHONE (732) 431-7456 FAX (732) 409-7579					
Print Name:		Date:			
Signature:		Title:			