



Plainville-Southington Regional Health District

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www.pshd.org

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Check which applies:

- Farm (Whole Produce)
- Farm w/ other items
- Non-Farm Vendor

FARMERS MARKET LICENSE APPLICATION

- Farmers Vendors: **Free**
- All other food vendors: **\$50 / \$15 (one-time vendor)**
- Late Fee: **\$25**

Market Name: _____ Location: _____

Date(s): _____ Time: _____

Food Booth Operator: _____

Mailing Address: _____

Email: _____ Phone: _____

List ALL Foods and Beverages Being Sold: (All food items other than whole produce must be from an approved source.)

Please describe how AND where foods will be prepared, cooked, and transported:

Explain how cold foods will be kept cold: (Max, 41 degrees F and below)

Explain how hot foods will be kept hot: (Min. 135 degrees F and above)

Will you be sampling:

Yes: _____ No: _____

Please indicate water source for cooking, cleaning, and handwashing:

Please describe how utensils, cutting boards, and surfaces will be sanitized:

Please describe how the handwashing set up will be set up in your booth:

Is there a toilet facility, or will portable toilets be used?

Draw layout of trailer of booth. Show all components including but not limited to overhead protection, handwashing station, tables, equipment, coolers, grills and toilet facilities, et.



Internal use:

Received: _____ Paid: _____ Reviewed by: _____ Approved: _____