

## Farmers' Market Vendor Requirements

updated March 2023

1. A Farmers' Market Vendor can only operate at Certified Farmers' Markets. A valid permit from Marin County Environmental Health Services (EHS) is required.
2. Farmers' Market Vendor Permits are limited to the selling of prepackaged foods. No cooking or food preparation (except the food samples) is permitted. Only foods listed in the permit application and approved by Marin County Environmental Health Services may be sold. Cooking (including barbecuing) requires either a Mobile Food Facility or Temporary Food Facility Permit.
3. Prepackaged foods shall be labeled. Labeling shall include the common name of the product, an ingredients list by order of weight, a statement of quantity (e.g. net weight, volume or count) and the name, address and zip code of the producer. **Sample labels must be submitted with your application.**
4. Non-potentially hazardous foods sold in bulk must be dispensed from fully enclosed containers with hinged lids. Labels for each product shall be posted on each container. No cutting or portioning is permitted.
5. **California Department of Public Health Processed Food Registrations requirements have changed as of 2023.** FMV products may require a California Department of Public Health Cannery License or Processed Food Registration. When a CDPH license/registration is not required, a completed commissary agreement and/or EHS permit is required. For more information, please contact Marin County Environmental Health Services at 415-473-6907.
6. **Submit a completed Shared Food Facility/Commissary Agreement.** A valid commissary agreement is required to operate at Certified Farmers' Markets. There can be no lapse in time between commissaries. It is the responsibility of the Farmers' Market permittee to submit a new commissary agreement to Marin County Environmental Health, when a change in commissary occurs.
7. If you are selling potentially hazardous foods, maintain a probe thermometer at your Farmers' Market table to monitor internal food temperatures, and take any necessary actions as needed, such as providing more ice on and around your food products. **All potentially hazardous foods shall be maintained at or below 41 degrees Fahrenheit.**
8. Refer to "Guidelines for Sampling at Certified Farmers' Market Events" for approved sampling methods. Sampling methods must first be approved by Marin County Environmental Health Services, and must be done in accordance with the provisions of California Retail Food Code (Cal Code).
9. Post a sign with the name and address of the business at the FMV table. One option is a magnetic sign.

All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at [disabilityaccess@marincounty.org](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats, upon request.

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## GUIDELINES FOR SAMPLING AT FARMERS' MARKET EVENTS

Providing samples at Certified Farmers' Markets allows customers to try a product before purchasing it. However, unsafe sampling methods can adulterate or contaminate food and can result in food borne illness. The California Retail Food Code (CAL CODE) requires that basic sanitation practices be followed when samples are dispensed at Farmers' Markets. Marin County's Environmental Health Services (EHS) interprets the state law as follows to ensure that the public's health is protected. Follow these basic sanitation practices for healthy and legal sampling.

1. Sampling of potentially hazardous foods requires a written procedure approved by EHS.
2. Produce intended for sampling must be washed. Washing is to remove dirt, soil, and any other contaminants. An antiseptic vegetable wash product is strongly recommended.
3. Set up the hand washing and utensil washing stations **FIRST**. Thoroughly wash hands before the Farmers Market. Food handling at the Farmers' Market requires a hand washing station.

If money is handled, hands must be rewashed.

4. A hand washing station consists of the following:
  - a 5 to 7 gallon container of water with a hands free dispensing valve
  - a 5 gallon catch basin
  - potable water, preferably at 100 degrees Fahrenheit
  - liquid hand washing soap in pump or squeeze bottle
  - paper towel supply for the entire day.

A utensil washing station consists of 3 five-gallon containers: one with soapy water for washing, one with clean water for rinsing, and one with bleach in water for sanitizing (use one tablespoon bleach per gallon of water to provide a solution of 100 ppm chlorine); OR another method of providing sanitized utensils approved by EHS.

5. Provide containers with sneeze and handling protection.
6. Use disposable gloves when cutting or handling products. Do not reuse gloves after touching contaminated surfaces, or money.
7. Use tooth picks, wax paper, paper sampling cups, or disposable utensils to distribute samples. The idea is to prevent customers' hands or fingers from touching the samples or contaminating the food.
8. Use only sanitized knives and cutting boards for cutting samples.
9. Use a plastic bag lined waste basket for sample preparation and distribution waste disposal.
10. Wastewater from handwashing and utensil washing stations may be dumped in the portable toilets on-site or in the mop sink back at the commissary. Do not dump wastewater on ground or pavement; or down the storm drain. All wastewater must go to the sanitary sewer.



**Required items for proper sampling**

*Bottom left to right:*  
 disposable single use utensils, covered sampling container, tongs, knife and cutting board

*Top left to right:*  
 Waste basket with liner, disposable latex or plastic gloves



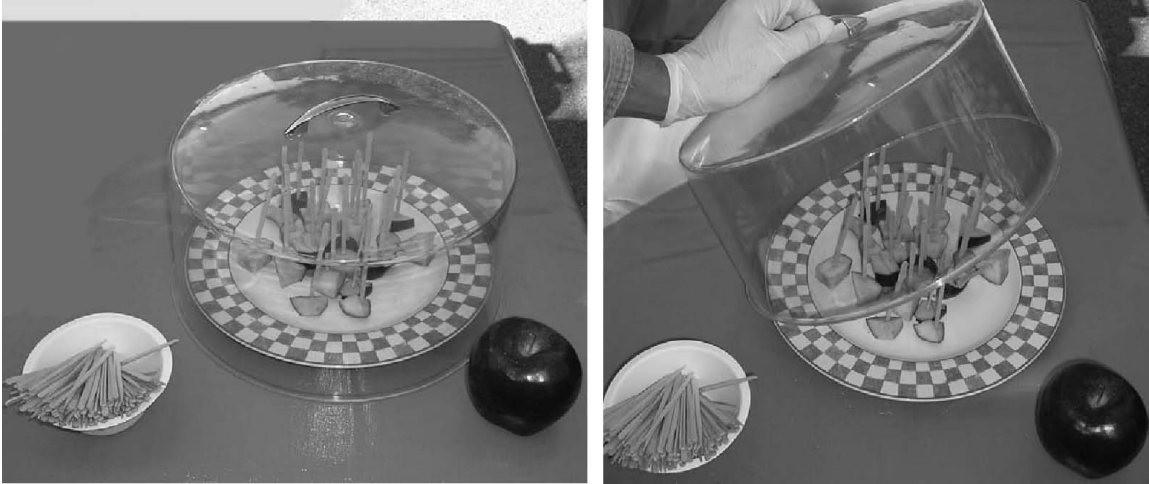
**Examples of Marin County EHS approved sampling methods.**

Provide containers with hinged covers to prevent food contamination.

Use of tongs to give out sample.

This method provides the best way to keep the food samples from being contaminated. Vendor is in complete control of the sampling process. This method is highly recommended.

## Covered Sample Set-up



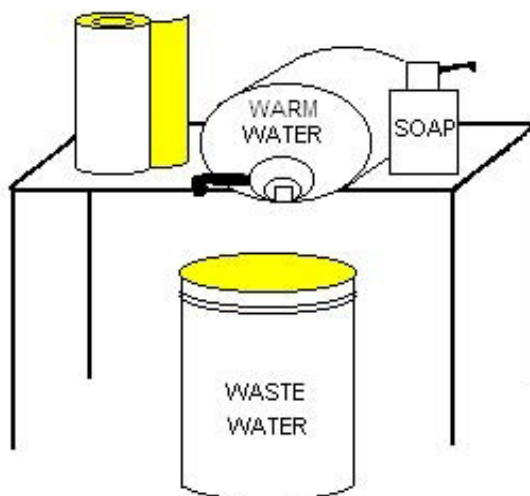
Here is another example of how to protect your samples. Notice the samples have tooth picks already so customer does not have to touch the sample. Cake cover acts as a sneeze protector.



If you are sampling nuts of any kind, you must use a nut-shaker similar to the ones pictured.

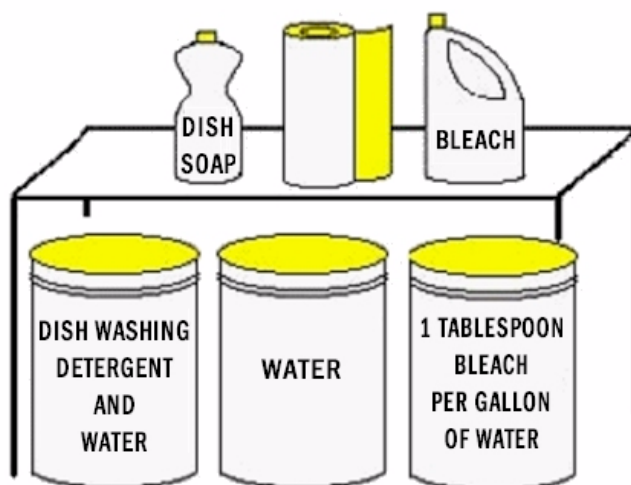
## APPENDIX A: HANDWASHING AND UTENSIL WASHING REQUIREMENTS

Handwashing Facilities – Provide a five (5) gallon thermal water container with a dispensing valve to leave hands free for washing; a waste-water container; soap dispenser and paper towels for handwashing within the food booth. Handwashing facilities shall be separate from the utensil washing sink. Warm water (100° F) is required.



Utensil Washing Facilities – Booths with food preparation require three 5-gallon containers for the cleaning of equipment, utensils, and general cleaning purposes. One shall contain soapy water, one with clear rinse water, and the third a bleach/water solution (use 1 tablespoon of household bleach per gallon of water.)

NOTE: Additional facilities, such as a 3-compartment sink with running water, may be required where there is extensive food preparation, or where water, power, and sewer connections are available.



All wastewater must go to the sanitary sewer. Do not dump on ground or down a storm drain.

# Farmer's Market Vendor Permit Application updated August 2018

To apply for a permit to sell prepackaged foods at a Certified Farmers' Market, [fill out this application completely and submit the following items](#):

- ✓ *Shared Food Facility/Commissary Agreement* (must be complete and signed by applicant and commissary owner)
- ✓ *Health Permit Application*
- ✓ *Sample Food Labels for the products being sold*
- ✓ *Copy of the State Food Processing Registration if you are packaging your items at a commissary kitchen; **OR** a copy of your Health Permit to Operate if you are the business owner of the preparation facility; or you are permitted for a Class B Cottage Food Operation.*
- ✓ *Health Permit Fee* (see current fee schedule)

**Proposals received less than two weeks prior to an event may not be approved if there is insufficient time to verify the information. Additional fees may be charged for late submittals. Incomplete or illegible proposals will not be processed.**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Email address (*required*) \_\_\_\_\_

Farmers' Market location(s) you will be selling at: \_\_\_\_\_

Check one:    Sampling will                       will not  take place

How will food samples be stored, protected, and distributed? \_\_\_\_\_  
\_\_\_\_\_

Travel time from commissary to Farmers' Market location(s): \_\_\_\_\_

Temperature control methods: \_\_\_\_\_

Please describe handwashing set-up (required with sampling): \_\_\_\_\_  
\_\_\_\_\_

**List all foods that will be sold:**

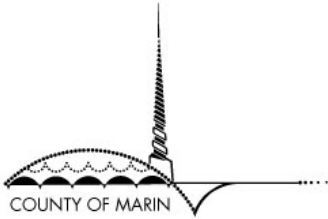
- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

All foods must be prepared and stored in an approved food facility (Commissary). Photocopies of the permit for this facility (if not permitted by Marin County EHS) must be included with this proposal.

**I HAVE READ AND AGREE TO THE "FARMERS' MARKET VENDOR REQUIREMENTS" AND THE "GUIDELINES FOR SAMPLING AT CERTIFIED FARMERS MARKETS" ATTACHED TO THIS FORM.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



COMMUNITY DEVELOPMENT AGENCY  
**ENVIRONMENTAL HEALTH SERVICES**  
 MARIN COUNTY CIVIC CENTER  
 3501 CIVIC CENTER DRIVE, ROOM 236, SAN RAFAEL, CA  
 94903  
 (415) 473-6907 FAX: (415) 473-4120  
[www.marincounty.org/ehs](http://www.marincounty.org/ehs)

**SHARED FOOD FACILITY/COMMISSARY AGREEMENT**

**I. To be completed by APPLICANT — Please print or type.**

_____	_____	_____
Business Name	Bus. Phone	Bus. Fax
_____	_____	_____
Business Address	City/State	Zip
_____	_____	_____
Owner Name	Home Phone	E-mail Address

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (**Note:** If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

_____	_____	Signature of
Business Owner	Date	

**II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.**

_____	_____	_____
Commissary Name	Bus. Phone	Bus. Fax
_____	_____	_____
Commissary Address	City/State	Zip
_____	_____	_____
Commissary Owner Name	Home Phone	E-mail Address

I understand and agree to provide for the following requirements: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> sanitary wastewater disposal  | <input type="checkbox"/> adequate storage for food/equipment |
| <input type="checkbox"/> potable water   | <input type="checkbox"/> utensil washing                     |
| <input type="checkbox"/> proper disposal of refuse & garbage   | <input type="checkbox"/> electrical hookups                  |
| <input type="checkbox"/> hot & cold water for vehicle cleaning   | <input type="checkbox"/> toilet & hand washing facilities    |
| <input type="checkbox"/> food preparation area   | <input type="checkbox"/> overnight vehicle storage           |
| <input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license plate # _____ |  |

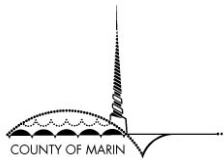
I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

_____	_____	_____
Signature of Commissary Owner/Manager	Print Name	Date

**III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located within or outside of Marin County — Please print or type.**

The food establishment is located in \_\_\_\_\_ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

_____	_____	_____	_____
Signature of REHS	Print Name	Bus. Phone	Date



## HEALTH PERMIT LICENSE APPLICATION

<b>PERMIT TYPE (CHECK ONE):</b> <input type="checkbox"/> RESTAURANT # OF SEATS: _____ <input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____ <input type="checkbox"/> CATERER <input type="checkbox"/> TEMPORARY FOOD FACILITY <input type="checkbox"/> MOBILE FOOD FACILITY <input type="checkbox"/> FARMERS MARKET VENDOR <input type="checkbox"/> COTTAGE FOOD OPERATOR <input type="checkbox"/> OTHER FOOD (DESCRIBE) _____ <input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____ <input type="checkbox"/> BODY ARTS <input type="checkbox"/> MEDICAL WASTE <input type="checkbox"/> HOUSING* # OF UNITS: _____ APN # _____ <small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small>	<b>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</b> <input type="checkbox"/> BUSINESS NAME <input type="checkbox"/> BUSINESS CONTACT CHANGE <input type="checkbox"/> BUSINESS LOCATION CHANGE <input type="checkbox"/> BUSINESS MAILING ADDRESS <input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION <input type="checkbox"/> LEGAL OWNER MAILING ADDRESS <input type="checkbox"/> OTHER: _____
ON-SITE MANAGER NAME _____ ADDRESS (INCLUDE APT OR UNIT #) _____ TELEPHONE _____	
<b>FACILITY INFORMATION</b>	
<b>BUSINESS NAME (DBA)</b>	<b>HOURS of OPERATION</b>
<b>BUSINESS ADDRESS</b>	
STREET ADDRESS _____	CITY _____ ZIP CODE _____
<b>BUSINESS TELEPHONE:</b> _____	ALTERNATE TELEPHONE NUMBER: _____
<b>BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)</b> IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX: <input type="checkbox"/>	
ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small>	
BILLING TELEPHONE NUMBER	
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	
<b>LEGAL OWNERSHIP</b> <b>SELECT ONE:</b> <input type="checkbox"/> SOLE PROPRIATORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED	
<b>NAME</b>	
<b>MAILING ADDRESS</b>	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
<b>TELEPHONE AND EMAIL:</b>	
TELEPHONE NUMBER: _____	EMAIL: _____

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

<b>SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT</b> _____		PRINT NAME AFTER SIGNATURE	<b>DATE</b>
<b>FOR OFFICE USE ONLY</b>	FEE	CHECK OR CC AUTH #	RECEIPT #
LICENSE NUMBER	ACCOUNT NUMBER		RECEIVED BY:

Environmental Health Services · 3501 Civic Center Drive, Room 236 · San Rafael, CA 94903 · 415 473 6907 T · 415 473 4120 F · 415 473 2255 TTY · [marincounty.org/ehs](http://marincounty.org/ehs)  
 All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at [disabilityaccess@marincounty.org](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats, upon request.

**GENERAL INFORMATION:** Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications. Delinquent Health Permits are subject to a 20% per month penalty.