



# Application For Farmers' Market Food Vendor

## Monmouth County Health Department



**Public Health**  
Prevent. Promote. Protect.

<i>A signed letter of approval must be obtained annually by this office, prior to the start of any retail food operations. Operating without approval, may result in summonses being issued.</i>		FOR DEPARTMENT USE ONLY	
		Date Received: ____/____/____	
		Application Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>TYPE OF OPERATION:</b> <input type="checkbox"/> Farm <input type="checkbox"/> Vendor <input type="checkbox"/> Food Truck/Trailer <input type="checkbox"/> Mobile Cart <input type="checkbox"/> Other _____			
<b>MARKET TO ATTEND:</b>		<b>Dates:</b>	
<b>RETAIL FOOD ESTABLISHMENT INFORMATION</b>			
<b>Name of Owner:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone Number:</b>	<b>Email:</b>		
<b>Name of Establishment:</b>			
<b>Municipality in which your business is licensed:</b>			<b>State:</b>
<b>SERVICING AREA INFORMATION</b>			
<b>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.</b>			
<b>“Commissary, Base of Operation, Servicing Area”</b> 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 <b>licensed and inspected facility</b> .			
<b>Establishment Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Name of Owner:</b>		<b>Phone #:</b>	
<b>In order to obtain approval, the following documents must be submitted for review.</b>			
<input type="checkbox"/> <b>Monmouth County Application for Farmers' Market Food Vendor.</b> <ul style="list-style-type: none"> <li>• Separate applications are required for each municipality (Asbury Park, Holmdel, Bradley Beach, etc).</li> <li>• Food protection manager certification or HACCP plans may be required.</li> </ul>			
<input type="checkbox"/> <b>Servicing Area Agreement</b> <ul style="list-style-type: none"> <li>• An annually signed and dated statement from the owner giving permission to use their inspected kitchen.</li> <li>• A copy of the facilities satisfactory inspection placard.</li> </ul>			
<input type="checkbox"/> <b>Regulatory Approval for Conducting a Specialized Food Process.</b> <ul style="list-style-type: none"> <li>• Packaging food using reduced oxygen packaging where <i>Clostridium botulinum</i> is a microbiological hazard. This includes canning, jarring, vacuum packing.</li> <li>• Smoking food as a method of food preservation, curing food, or using food additives, or adding components such as vinegar to render a food so that it is not potentially hazardous or as a method of preservation not flavor enhancement.</li> <li>• Specialized food processing approval must be obtained by the local health authority where your servicing area resides.</li> <li>• <i>Selling unapproved food products that fall under this category may be embargoed or destroyed on site.</i></li> </ul>			
<input type="checkbox"/> <b>Product Labeling</b> <ul style="list-style-type: none"> <li>• Submit a sample food label for the product being sold. Packaging that is not labeled or improperly labeled will not be permitted for sale.</li> <li>• Packaged food shall be labeled as specified in N.J.S.A. 24:5-17 and 21CFR Part 101</li> <li>• Meat and poultry that is not ready-to-eat, shall be labeled to include safe handling instructions</li> <li>• Additional information can be found at: <a href="https://www.state.nj.us/health/ceohs/documents/food-drug-safety/parts_of_food_label.pdf">https://www.state.nj.us/health/ceohs/documents/food-drug-safety/parts_of_food_label.pdf</a></li> </ul>			

**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”.**

1.	2.
3.	4.
5.	6.
7.	8.

What arrangements will you have to insure 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 not permitted at farmers’ market unless held in a licensed food truck, food trailer, or mobile cart).


- Potential Customer Contamination**
- 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.

What type of measures will you employ to insure that the product is protected against potential customer contamination, insects, and dirt/dust contamination during the market?


- Hand Hygiene**
- Hand washing is one key component in reducing the transmission of bacteria and minimizing potential cross contamination.
  - Will you need to directly contact your food product using your hands?  YES  NO
  - Will you be providing samples of your product to customers?  YES  NO
  - Will you be wearing gloves?  YES  NO

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?


*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”, and/or is not listed on the “Minimum Food Safety Requirements for Product Sales Farm Markets and Community Farmers’ Markets”. These guidelines established by the New Jersey Department of Health and Senior Services have been attached for your convenience, or found online at: <https://www.nj.gov/agriculture/divisions/md/pdf/farmmarketguidelines.pdf> 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.*

*Note: Monmouth County Health Department does not license or issue permits. All licenses and permits are issued by the municipality in which the market resides and where your “Servicing Area” resides.*

**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: