



PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

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APPLICATION FOR A FOOD SERVICE PERMIT AT A FARMER'S MARKET

Date: _____ Farmer's Market dates: _____

Location of Farmer's Market: _____

Name of owner/operator of food operation: _____

Name of food operation: _____

Phone Number: _____

Email Address: _____

List below all food and drink items that will be offered. If food is being prepared ahead of time and kept cold on site, please explain the processes and equipment you plan to use. As a reminder, samples are not allowed at the farmers market this year:

I attest that the information I provided above is true and accurate. I agree to comply with all applicable laws.

Print Name: _____ Signature: _____

***** For office use below *****

Date Approved _____ Sanitarian's initials _____

Notes: _____

CT General Statute section 22-6s(b): Any permit or license to operate a food service establishment that is issued by a municipal health department or health district to a **farmer** for the purpose of such farmer's participation in a certified farmers' market...shall be valid for the purpose of operating a food service establishment at any certified farmers' market in the state, provided (1) such operation is in accordance with the menu items and food preparation processes approved by such issuing municipal health department or health district, or (2) such operation utilizes menu items or food preparation processes that are substantially similar to the menu items and food preparation processes approved by such issuing municipal health department or health district...(e) Any local director of health may take any regulatory action such director deems necessary against any farmer who operates a food service establishment within the jurisdiction of such health department or district, as applicable, in order to ensure that such farmer is in compliance with the Public Health Code...