



**To:** Farmer's Market Booth Vendors  
**From:** Floyd County Health Department  
**Date:** March 2024

The following documents may need to be provided to FCHD with your Farmer's Market Permit Application in order to obtain a permit:

#### **CERTIFIED FOOD MANAGER**

ALL BOOTHS HANDLING RAW MEATS MUST HAVE AT LEAST 1 CERTIFIED FOOD MANAGER. This is not required for frozen meats or potentially hazardous foods that are not in raw form. The certified food manager test must be proctored to you; there are now online options but a webcam is required. Louisville Metro Health Department's food safety course is not accepted in Indiana. The certified food manager certificate must be submitted with the application.

#### **PERMIT AND LAST INSPECTION REPORT FOR COMMISSARY.**

THE FACILITY WHERE THE FOOD IS PREPARED IS SUBJECT TO INSPECTION. Food must be prepared in a licensed and inspected kitchen. If the food is prepared in a facility not in Floyd County you must provide FCHD with a copy of the Facility's Permit, last inspection report, and commissary agreement.

#### **PROOF OF FACILITY INSPECTION FOR PROCESSED MEAT.**

ALL BOOTHS SELLING PROCESSED MEAT (OTHER THAN THOSE WHO ARE EXEMPT) MUST PROVIDE PROOF THE PROCESSING FACILITY IS INSPECTED. The meat packaging should typically be stamped by the inspector, BOAH or USDA.

**\*\*If you choose not to get the yearly Farmer's Market permit (\$125/yr) and would like to get (1) one or multiple, temporary food permits (\$20/day) to setup up at the Farmer's Market, **PLEASE NOTE** Temporary food booth applications and supporting documents must be submitted to FCHD by noon the business day prior to the event unless you have contacted FCHD to make other arrangements.**

**To submit your application you can either:**

- **Mail application, documents, payment and a self-addressed, stamped envelope to return permit.**  
If a return envelope is not provided, the permit will be emailed and **must be printed and displayed at the booth.**
- **Email application and documents then come into the office and pay when notified the permit is ready.**
- **Bring application, documents and payment into our office. Please call in advance to ensure an environmentalist will be available to process your permit. If no one is available upon your arrival, you may need to return at a later date to pick up your permit or it can be mailed to you.**

If you have any questions regarding the food booth requirements, please contact Thomas Snider, ext. 678, [tsnider@floydcounty.in.gov](mailto:tsnider@floydcounty.in.gov)

Sincerely,

Thomas Snider Chief Food Specialist, FCHD

**Floyd County Health Department**  
**1917 Bono Road, New Albany IN 47150**  
**T:** 812-948-4726, option 2, option 1 **E:** [environmental@floydcounty.in.gov](mailto:environmental@floydcounty.in.gov)  
**W:** <https://www.in.gov/counties/floyd/health-department/>



Application for Farmer's Market (PRINT CLEARLY)

Application Date: \_\_\_\_\_
Name of Business: \_\_\_\_\_
Owner(s) Name: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_
Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_
Certified Food Handler (Name/Number) \_\_\_\_\_
(Must include copy of certificate at time of application or permit will not be processed)
Certified Food Manager Phone: \_\_\_\_\_
Market Location: \_\_\_\_\_
Market Days and times: \_\_\_\_\_
Type of Structure: \_\_\_\_\_ Trailer \_\_\_\_\_ Tent \_\_\_\_\_ Booth \_\_\_\_\_ Bldg \_\_\_\_\_
Other \_\_\_\_\_
Location of Stand (booth # required): \_\_\_\_\_
Food/Beverages to be sold: \_\_\_\_\_
Location where food is prepared: \_\_\_\_\_
Where is food/beverages stored prior to the event: \_\_\_\_\_

CHECKLIST SHEET (Please make sure you have completed all steps before submitting application)
[ ] Completed Application
[ ] Certified Food Manager Certificate
[ ] Permit and Last Inspection Report for Facility Where Food is Prepared (if applicable)
[ ] Commissary Agreement
[ ] Payment (cash or check is accepted via mail, if payment is made in the office credit/debit card payments are charged an additional fee)
[ ] Self-addressed, stamped envelope (if you want permit mailed back to you, otherwise it will be emailed.)

Fees for Farmer's Market Permits are non-refundable. Fees for each Farmer's Market Season are \$125

Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

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

\* THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY \*

PERMIT FEE \_\_\_\_\_ PERMIT NUMBER ISSUED \_\_\_\_\_ CLERK INITIALS \_\_\_\_\_



**MOBILE COMMISSARY AGREEMENT**

This form is to be submitted with an application for a Farmer’s Market. Potentially hazardous foods prepared in advance must be prepared at a permitted kitchen. This agreement means that the operator will have access to the commissary and its facilities for all process. Failure to report to the commissary at least once daily during days of operation will result in a civil penalty & license suspension. Any modifications made to this document in any way will void this agreement.

I have access to my own restaurant/commissary known as \_\_\_\_\_

Food License for Commissary issued by: \_\_\_\_\_ County Health Department.

Commissary Address: \_\_\_\_\_ Zip: \_\_\_\_\_

This section is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a license.

Name of Business applying for food license: \_\_\_\_\_

Name of Approved Food Facility/Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Commissary Phone: \_\_\_\_\_ Different commissary this year? \_\_\_\_\_

Food License for Commissary issued by: \_\_\_\_\_ County Health Department.

Operations to take place (place X for yes or no):

Yes: \_\_\_ No\_\_\_ Food preparation? Yes:\_\_\_ No\_\_\_ Cooking facilities available for use?

Yes: \_\_\_ No\_\_\_ Overnight food storage including refrigeration & freezer space?

Yes: \_\_\_ No\_\_\_ Vehicle/Cart storage? Yes: \_\_\_ No\_\_\_ Washing of utensils/equipment?

Yes: \_\_\_ No\_\_\_ Waste Water Disposal? Yes: \_\_\_ No\_\_\_ Trash and Grease dumpster access?

As the owner of the above approved food facility/commissary, I have given my permission for the business known as \_\_\_\_\_ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): \_\_\_\_\_

Signature of Approved Facility/Commissary Owner/Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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