Porter County Health Department
155 Indiana Avenue
Suite 104
Valparaiso, Indiana 46383

(219) 465-3525
Fax: (219) 465-3531
www.porterco.org

Maria Stamp, MD
Health Officer

RE: FARMERS MARKET REGISTRATION APPLICATION

Dear Market Master:

A "Farmers Market" is a common facility where two or more farmers or growers gather on a regular basis to sell a variety of fruits, vegetables and other farm products directly to consumers. A "Market Master" is an individual or group of individuals that are responsible for coordinating and organizing the farmers market. We are requesting Market Masters to register with the Porter County Health Department (PCHD) at least 30 days prior to opening day of the Farmers Market. The registration must include a list of all food vendors participating at the farmers market, including non-profit organizations and home based vendors. This registration allows PCHD Food Service Division staff to ensure that food vendors are made aware of local permitting requirements, state and local food codes and guidelines, and that exempt food vendors follow local and state guidelines. There is no fee for the registration.

It is the responsibility of the Market Master to ensure their food vendors obtain approval by the Health Department prior to operating at their event. Food vendors meeting the definition of a "food establishment" are required to obtain a food permit by the Porter County Health Department, and application must be made **at least 7 days prior to operating at the Farmers Market.** A home based vendor is not required to obtain a food permit, but still needs to register with the Market Master and must be included on the food vendor list. We request that you inform all food vendors participating at the event to contact the Porter County Health Department for information on food permitting, farmers market exemptions, and food safety requirements and guidelines.
The Market Master must notify the Porter County Health Department about changes to the food vendor list at least 7 days prior to the date of operation of the food vendors.

Please complete the following enclosed forms and return to the Porter County Health Department **at least 30 days prior to the farmers market.**

1) Farmers Market Registration Application
2) Finalized Food Vendor Information List (include non-profit and home based food vendors)
3) Farmers Market Site Map (detailing food vendor locations, toilet and hand washing facilities and trash receptacles for vendors and patrons)

The Market Master Registration Application forms may be faxed to the Health Department at 219-465-3531, mailed to Porter County Health Department, Attention Food Service Division, 155 Indiana Ave, Suite 104, Valparaiso, IN 46383, or emailed to Linda Maglish at lmaglish@porterco.org.

If you have further questions regarding the registration process contact the Porter County Health Department Foods Division personnel:

Linda Maglish	Mary Evett	Robert Tarnow	Letty Zepeda
Food Service Inspector	Food Service Director	Food Service Inspector	Food Service Inspector
219-707-8158	219-510-6059	219-707-8157	219-707-8153
lmaglish@porterco.org	mevett@porterco.org	rtarnow@porterco.org	lzepeda@porterco.org

Thank you for your cooperation.

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Farmers Market Registration Application

Complete the registration application and return to the Porter County Health Department 30 days prior to the event.

Farmers Market Information

Farmers Market Name: _____

Farmers Market Location: _____

Months and Days of Operation: _____

Market Hours: _____

Number of Food Vendors (include beverages): _____ ***(Complete Food Vendor Information List and attach)***

Market Master Name: _____

Market Master Telephone: _____Fax:_____

Market Master Email: _____

Market Master Mailing Address: _____

City _____State _____ Zip Code_____

Services provided on-site to Food Vendors *(Check all that apply. Add attachment if explanation is necessary)*

Water Supply:
□ There is access to potable water taps on site.
□ Vendors must bring their own water supplies.

Wastewater:
□ Direct hook up to sewage disposal system on site.
□ There will be liquid waste collection tanks/receptacles on site.
□ Vendors must arrange for their own wastewater disposal.

Electricity:
□ No electricity will be supplied on site.
□ Access to electricity will be provided on site.
□ Generators will be provided for vendor use.
□ Vendors are allowed to use generators on site.

CONTINUE ON BACK

<u>Services provided on-site to Food Vendors continued</u> *(Check all that apply. Add attachment if explanation is necessary)*

Trash / Refuse:
□ Trash receptacles will be provided throughout the event for the public.
□ Dumpster will be provided on site for vendor and public trash removal.

Toilet Facilities:
□ Public restrooms with toilets will be available.
How many? _____
□ Portable toilets, How many? _____

Hand Washing Facilities:
□ Public restrooms with hand washing sinks will be available.
How many? _____
□ Portable hand washing stations will be available.
How many? _____

- ***ATTACH THE FOLLOWING ENCLOSED FORMS AND SUBMIT WITH THIS REGISTRATION APPLICATION:***

  - **FINALIZED FOOD VENDOR INFORMATION LIST (include non-profit and home based food vendors).** IF YOU UTILIZE A DIFFERENT FORM THAT INCLUDES THE REQUESTED INFORMATION (FOOD VENDOR ESTABLISHMENT NAME, CONTACT PERSON's NAME, TELEPHONE, EMAIL, LIST OF FOOD), YOU MAY ATTACH IT TO THIS APPLICATION.
  - **FARMERS MARKET SITE MAP (detailing food vendor locations with corresponding vendor establishment names).** IF YOU HAVE A SEPARATE MAP THAT INCLUDES THIS INFORMATION, YOU MAY ATTACH IT TO THIS APPLICATION**.**

PLEASE NOTIFY THE PORTER COUNTY HEALTH DEPARTMENT OF ANY UPDATES TO THE LIST OF PARTICIPATING FOOD VENDORS (names of food vendors, contact information, etc.) AT LEAST 7 DAYS PRIOR TO THE DATE OF OPERATION OF THE FOOD VENDORS.

Market Master Signature: _____ Date: _____

Food Vendor Information List

Farmers Market Name: _____ Location: _____

Dates: _____Market Master: _____Telephone: _____

PLEASE LIST EACH FOOD VENDOR, CONTACT PERSON, PHONE NUMBER, AND EMAIL FOR THE VENDOR. INCLUDE NON-PROFIT FOOD VENDORS and HOME BASED VENDORS. IF YOU UTILIZE A DIFFERENT FORM THAT INCLUDES THIS INFORMATION, YOU MAY ATTACH IT TO THE FARMERS MARKET REGISTRATION APPLICATION.

Food Vendor Establishment Name	Contact Person	Telephone	Email	Type of Food

Revised 05/02/17

Food Vendor Establishment Name	Contact Person	Telephone	Email	Type of Food

Farmers Market Site Map

Farmers Market Name: _____Location: _____

Use this page to draw a site map with food vendor locations and corresponding vendor establishment names, or you may attach a map that includes this information. Please include the following basic sanitation facilities provided for vendors and patrons:

□ Locations of toilet and hand washing facilities

□ Locations of trash receptacles