

FARMERS MARKET PERMIT APPLICATION

A market for farm produce is usually held outdoors, where farmers sell fresh produce direct to the public not longer than fourteen (14) consecutive days. The menu of seasonal/framers market participant will be approved based upon review of the establishment and its operations. All participants must operate in compliance with the applicable IDPH Rules and Regulations. Failure to follow the rules set forth may result in removal from participation and/or alternate enforcement action.

Contact our office for further explanation at 847-853-7508.

REFER TO THE STATE DIRECTIVE FOR RULES AND REGULATIONS

<http://www.ilga.gov/legislation/96/SB/PDF/09600SB3977lv.pdf>

APPLICATION REQUIREMENTS:

1. **COMPLETED APPLICATION AND \$25 FEE MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO EVENT.**
2. **Include a copy of the latest inspection within the last six (6) months that was performed by the local health authority (Wilmette Facilities).**
3. **Include a copy of the valid Food Service Manager Certification issued to the person responsible for this operation, if applicable.**
4. **Include a copy of all Government Licenses (USDA, IDPH, or Local Health Department) associated with your food product.**
5. **Home-prepared foods CANNOT BE SERVED at events open to the public.**
6. **Return pages 1-4 of application and \$25.00 fee.**

Business Name: _____

Type of Business: _____

Business Address: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Manager Name and License #: _____

FARMERS MARKET PARTICIPANT

Location of Event: _____

Expected First Day of Operation: _____ Expected Last Day of Operation: _____

Dates & Hours of Operation (if available, attach a schedule): _____

Name of contact during event: _____

Contact cellular phone#: _____

FOOD INSPECTION INFORMATION

YOU ARE REQUIRED TO PROVIDE A COPY OF THE MOST RECENT INSPECTION IF OUTSIDE OF WILMETTE. FAILURE TO DO SO WILL PREVENT YOU FROM PARTICIPATION.

Name of Local or State agency responsible for inspection: _____

Phone _____

Date of Most Recent Inspection: _____

Previous Event Participation: _____

Event: _____ Date: _____

Location of venue: _____

List each product individually. Check which items are available for sampling:

IT IS REQUIRED THAT FOOD ITEMS INTENDED FOR SAMPLING BE DISPLAYED WITH A TOOTHPICK, SINGLE SERVICE CUP OR OTHER TYPES OF SINGLE SERVICE TOOLS. CUTTING OF A FOOD ITEM FROM BULK IS NOT PERMITTED. SAMPLES MUST BE COVERED AND KEPT AT REQUIRED TEMPERATURES.

FRUITS	BAKERY	MEATS/EGGS	JUICES- LIST TYPE(S)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
CHEESE	VEGETABLES	HONEY	OTHER
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

CHECK CORRESPONDING METHOD OF FOOD HOLDING, DISPLAY AND PREPARATION FOR EACH FOOD ITEM ABOVE. SEASONAL, UNCUT FRUITS AND VEGETABLES DO NOT APPLY.

COLD HOLDING	
(Note: Ice is not acceptable as a cold holding option).	
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Refrigerated Truck
<input type="checkbox"/> Freezer	<input type="checkbox"/> Ice Chest
<input type="checkbox"/> Drainer Ice	<input type="checkbox"/> Other

COOKING	
(Note: STERNO is not acceptable as a heating source).	
<input type="checkbox"/> Oven	<input type="checkbox"/> Barbeque
<input type="checkbox"/> Wok	<input type="checkbox"/> Fryer
<input type="checkbox"/> Roaster Oven	<input type="checkbox"/> Stove
<input type="checkbox"/> Gas Grill	<input type="checkbox"/> Other

HOT HOLDING	
<input type="checkbox"/> Oven	<input type="checkbox"/> Barbeque
<input type="checkbox"/> Steam Table	<input type="checkbox"/> Stove
<input type="checkbox"/> Gas Grill	<input type="checkbox"/> Toaster Oven
<input type="checkbox"/> Chafing Dish	<input type="checkbox"/> Other

Will foods be prepared or cooked on site? (this would include all cooking demonstrations)

YES NO

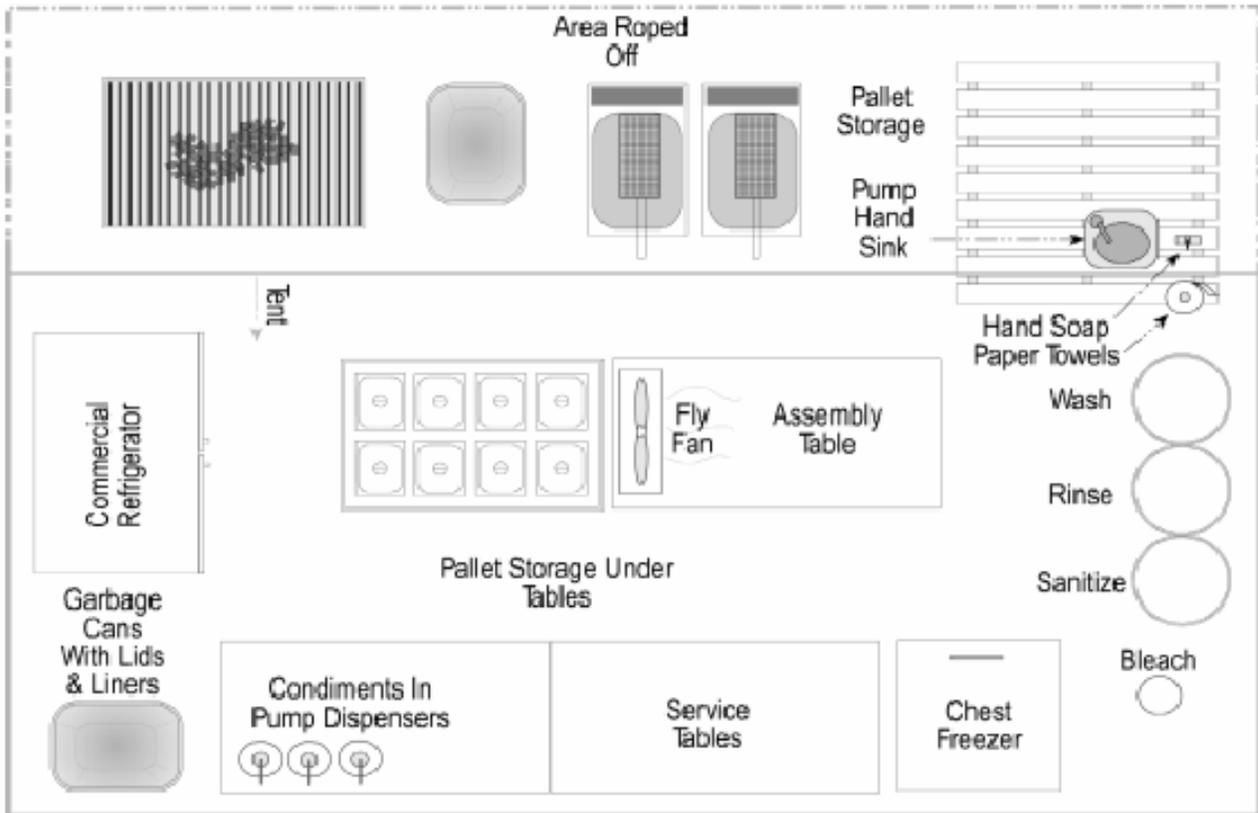
SIGNING INDICATES ACCEPTANCE TO COMPLY WITH GUIDELINES STATED ON THE APPLICATION. FAILURE TO COMPLY MAY RESULT IN REMOVAL FROM PARTICIPATION IN VENUE AND/OR ALTERNATE ENFORCEMENT ACTIONS FROM THE SANITARIAN.

Applicant Signature: _____

Date: _____

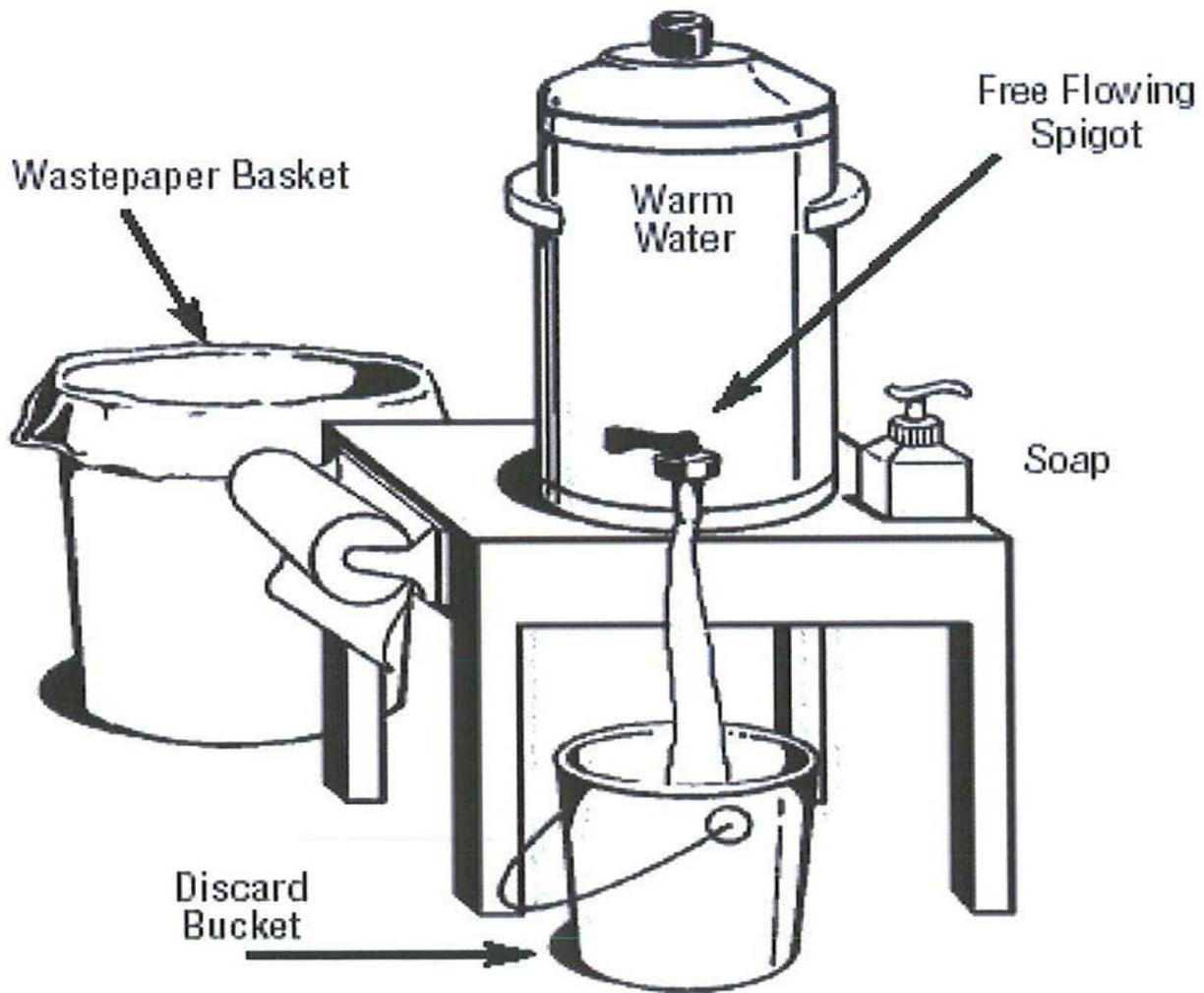
BOOTH LAYOUT

SAMPLE



PROVIDE DEPICTION OF BOOTH LAYOUT BELOW ↓

TEMPORARY HAND WASHING SET-UP



Each temporary hand washing set-up for food service employees must be provided with:

- A container of clean water with a free flowing spigot
- Waste water discard bucket
- Liquid, dispensed hand soap
- Paper towels
- Wastepaper basket

DO NOT RETURN THIS PAGE!

