

DEPARTMENT OF FOOD AND CONSUMER SAFETY

4701 N. Keystone Ave. Suite 500 Phone: 317-221-2222 Fax: 317-221-3070

FARMERS MARKET VENDOR LICENSE APPLICATION

Business Na	ame	Business Address	
Owner Nan	ne	Owner Address	
Business Pl	none		
E-Mail			
Additiona	al Required Information:		
loc			partment need to provide a copy of their ration before farmers' market license can
□ At	tach a copy of your Food Handle	er Certification, if applicable.	
Please list	t all markets you plan to partic	cipate in (name, address, an	d dates of operation):
1			
2			
	lditional sheets if necessary		
Potentially	Hazardous: Requiring temperatu	ure control for safety	
List all fo	ods being sold:		
	beverage products	Potentially Hazardous (Yes/No)	How is temperature maintained?
		+	

Exemptions from Licensure

The following foods do not require a license:

- 1) Whole, uncut produce.
- 2) Eggs, if they are only offered with other exempt items. You must provide a copy of your current Indiana State Egg Board license with this application.
- 3) Commercially processed, pre-packaged, non-potentially hazardous foods sold in the original package.
- 4) Samples of non-potentially hazardous foods that are single portioned for consumer self-service at the retail food establishment.
- 5) Non-potentially hazardous foods made in a home kitchen, if sold only at a farmers market or a roadside stand and all labeling requirements are followed. Vendors cannot sell commercial foods and homebased foods from the same stand.

If you are exempt from licensure, please sign and date here.

Owner/representative:	Date:	
☐ Indiana State Egg Board license attached		
Licensing Requirements		
Fee structure: Yearly license fee permits vendor to part	ticipate in all markets in Marion Cour	nty.
 Foods served or sold for immediate on-site Examples including ribs, burgers, hot dogs, tamales, tacos, sandwiches, shaved ice, smoothies or ice cream 	<u> </u>)
 All other food or samples: Examples including salsa, frozen meats, cheeses, or hummu includes all potentially hazardous food samples or samples or 		
Total Amount Due: Make checks payable to the Health & Hospital Corporation		
Owner/representative:	Date:	

Submit this application to:

Marion County Public Health Department
Food & Consumer Safety
4701 N. Keystone Ave. Suite 500
Indianapolis Indiana 46205

ADDITIONAL REQUIREMENTS:

- Samples must be protected from potential contamination by consumers and the immediate environment. Plastic wrap, dome lids, or portable sneeze guards offer acceptable protection.
- Bare hand contact with open foods must be eliminated by using disposable gloves and/or utensils. If disposable gloves are used, a temporary hand washing station must be provided.
- Foods packaged at a retail food establishment and sold at the farmers market must be labeled as specified by law and contain the following: (1) common name (2) list of ingredients in descending order of predominance by weight (3) quantity of contents (4) name and place of business.

For further information please visit our website at www.marionhealth.org