

FARMERS MARKET VENDOR LICENSE APPLICATION

Business Name: _____ **Business Address:** _____

Owner's Name: _____ **Mailing Address:** _____

Business Phone: _____ **Home Phone:** _____

E-Mail: _____

Additional Required Information:

- ☐ Vendors not licensed with the Marion County Public Health Department need to provide a copy of their local health department license or state health department registration before a farmers' market application for license can be processed.
- ☐ Attach a copy of your Food Handler Certification, if applicable

Please list only the Marion County markets you plan to participate in

Market No. 1 Name _____ **Address** _____

Market No. 2 Name _____ **Address** _____

Market No. 3 Name _____ **Address** _____

Attach additional sheets if necessary.

Time/temperature control for safety or TCS: Requiring temperature control for safety

List all foods being sold:

Foods being sold	TCS food - Y/N	How is temperature maintained

***Attach additional sheets if necessary**

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-TCS foods that are single portioned for consumer self-service at the retail food establishment.
- 5) Non-TCS 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 home-based 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 vendors to participate in all markets in Marion County.

Market fee:

- (1) The license fee for a food establishment providing TCS (Time/temperature control for safety) food or samples cut, prepared or portioned on site is \$20.
- (2) The license fee for food served or sold for immediate on-site consumption is \$200.

Total Amount Due: _____

Make checks payable to the Health & Hospital Corporation

Owner/representative: _____ Date: _____

Submit the completed application and payment to:

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

****Checks or Money order should be made out to: *Health & Hospital Corporation – DO NOT send cash!***

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.**
 - (5) The name of the food source for each major allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient.**
 - (6) Except as exempted in the Federal Food, Drug, and Cosmetic Act 414(q)(3) through 414(q)(5), nutrition labeling as specified in 21 CFR 101 and 9 CFR 317 Subpart B.**

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