



Christian County Health Department

Farmers' Market Permit Application

Section 1: General info:

Personal Contact Information:

Applicant Name: _____ Applicant Address: _____

Applicant City: _____ State: _____ Zip: _____

County: _____ Personal Phone: _____

Personal Email: _____

Business Contact Information:

Name of Farm Stand (DBA): _____

Farm Address (if different than applicant address): _____

Farm City: _____ State: _____ Zip: _____

County: _____ Business Phone: _____

Opening Date: the first date and event the applicant will operate in Christian County this year (*note: a final inspection will occur at the first scheduled event to provide permit & to confirm compliance with the Farmers' Market Permit Rules*)

Opening Date	Name of Farmer's Market	Location
_____	_____	_____

Section 2: Food Products for Sale

This permit allows for sale of product raised or grown on the farm of the farmer selling the product. Product allowed for sale with this permit includes: meat, poultry, dairy, eggs, and frozen, potentially hazardous foods that have the main ingredient grown or raised on the farm of the farmer selling the product. The frozen product, meat, poultry, and dairy must be prepackaged at a licensed or permitted processing facility.

Food Product Types you Intend to Sell (Check All Applicable):

- Eggs** (attach a copy of Illinois Department of Agriculture Egg License)
- Meat and/or poultry products** (attach a copy of the Illinois Meat Brokers Certificate if you have one, or if you are required to have one due to providing wholesale meat and poultry agricultural products)
- Dairy** (attach a copy of Dairy License, if applicable)
- Products **prepackaged** for sale at a licensed, inspected, or approved facility or location (if packaged for sale at a commissary, please provide copies of all labels used, as well as a Commissary Agreement)

Food Products for Sale (Proposed Menu):

Section 3: Itinerary and Operating Schedule

List all Christian County Farmers' Markets at which you will Operate (please notify this Department if you add or cancel dates or markets - info@christiancountyhealth.org):

Date/s	Name of Farmers' Market	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4: Additional Permit Requirements

- All applications are reviewed in the order in which they are received and may take up to fifteen (15) business days to review once all required documents are submitted.
- All foods must be prepackaged at a licensed, inspected, or approved facility or location.
- All foods and ice must be obtained from an approved source. Ice cannot be made at home.
- *All meats, poultry, eggs, and dairy must be held at temperatures listed below using, *at minimum*, a clean, hard-sided cooler capable of holding proper temperatures for the duration of the event, including the time transporting to and from the market. *Mechanical refrigeration is highly recommended.*
- Any hard-sided cooler, refrigeration unit, or freezer unit, must have a thermometer that is accurate to plus or minus 3F.
- All meats and poultry prepackaged in a licensed facility must be kept frozen or below.*
- All other pre-packaged products must meet the requirements of "Main Ingredient," which means an agricultural product that has been grown or raised on the farmer's farm (see Farmers' Market Permit Rules for full details).
- Eggs must be held at 45F or below.*
- Dairy products must meet requirements under Grade A Pasteurized Milk and Milk Products Act and be held at 41F or below.*
- Farmers' Market Permits must be displayed in public view during the Farmers' Market.
- A copy of the commissary license and/or inspection must be available when operating in Christian County.

Requirements for Sampling (required for unpacking, cutting, slicing, preparing, or distributing food product samples):

- Obtain a Farmers Market Food Product Sampling Handler Certificate (maintain certificate onsite at all sampling events)
- Visit <https://dph.illinois.gov/topics-services/food-safety/farmers-markets.html> to download an IDPH Farmers Market Sampler Application Packet, or, for more information.

Section 5: Signatures

By signing, I certify that the above information is correct, and I agree to comply with all the rules and regulations of the Christian County Code and the Illinois Food Code. Approval of these plans does not indicate compliance with any other applicable local or state ordinance or codes. The Farmers' Market Permit shall be displayed at all events under which the Permittee is operating in Christian County. I have read the Farmers' Market Permit Rules and agree to all of the requirements.

Applicant Printed Name Applicant Signature Date

FOR OFFICE USE ONLY

Date: _____ Received By: _____ Payment amount \$ _____ Egg Only (\$75) Full Permit (\$175)

Cash Credit Check # _____ Inspector: _____ Approved Denied

Final Inspection Paperwork Filed in Event Accordion for Assignment (initial and date): _____



Public Health
Prevent. Promote. Protect.

Christian County Health Department

730 N. Pawnee St. Taylorville, IL 62568
Main Office 217-824-4113 Fax 217-824-5407
www.ChristianCountyHealth.org

The mission of the Christian County Health Department is to serve our community by preventing the spread of disease, promoting optimal wellness & protecting the public's health.

Commissary Sharing Agreement

Temporary Food Establishments and Mobile Food Units using a commissary under different ownership must submit this form with their Temporary/Mobile Food Establishment Permit Application yearly. A copy of a valid Food Service Sanitation Manager's Certificate must also be submitted for vendors with a high or medium risk permit. For Temporary/Mobile Food Establishments whose commissary is located out of county, comparable documentation will be required with the approval of their respective local Health Department.

Liability Statement: By signing this agreement, we understand that the food establishment and the Temporary Food Establishment/Mobile Food Establishment are jointly and severally liable for any violations of the Christian County Food Code that may occur while the Temporary/Mobile Food Establishment is using the commissary.

Commissary/Building Owner Information

Name _____

Address _____ City _____

Contact Name and Phone number _____

Daily Business Hours of Operation _____

Food Operator Information

Name _____

Contact Name and Phone Number _____

Daily Hours of Operation at Commissary _____

A commissary is a fundamental part of a mobile food establishment's operation. Requirements may vary depending on the menu, food preparation activities, and design of the mobile food establishment. Indicate which of the following items will be available for use at the commissary:

- | | |
|---|--|
| <input type="checkbox"/> Handwashing Sink(s) ¹ | <input type="checkbox"/> Commercial Refrigeration |
| <input type="checkbox"/> Three Compartment sink | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Mop sink | <input type="checkbox"/> Food and Single service items storage space |
| <input type="checkbox"/> Preparation/Vegetable Sink | <input type="checkbox"/> Cooking Equipment |

¹ Approved hand sinks are required in all food preparation areas and dish washing areas.

- ✓ Temporary Food Establishment or Mobile Food Operator must have access to the kitchen if hours of the Temporary Food Establishment or Mobile Food operation exceed hours of the Food Establishment.
- ✓ Food establishment licensees are responsible for correcting health code violations on equipment provided to the food operators and the facility.
- ✓ Food operators are responsible for correcting health code violations on their own equipment.
- ✓ The food establishment operator shall notify Christian County Health Department if there are any changes to this agreement and it must be renewed yearly. This agreement is not transferable.

X _____
Commissary Owner - Sign and Date

X _____
Food Operator - Sign and Date