



FARMERS MARKET SUPPLEMENT

Do I need a Farmers Market Permit?

Use this application packet if:

You are a restaurant on site at a Farmers Market

You are a prepared food vendor, including mobile food vendors (hotdogs, hamburgers, barbeque, etc.)

You are a Consignment Farmers Market

You are preparing food/drink items on site

If you are not preparing on site and are unsure if your product can be sold at a farmers market and/or what permits may be required please direct your question to farmersmarkets@wvda.us or call (304) 558-2226.

Restaurants which are already permitted in Jefferson County but wish to sell at the farmers market – will need to complete a Temporary Food Permit Packet in addition to this supplement. **Temp Food Permits are good for 14 sell days at the market.**

Mobile Units must be permitted in Jefferson County in order to sell at the farmer's market. Please see our New Mobile Food Packet for further details.

Consignment Farmers Market – when two or more vendors deliver their own farm and food products to a common location maintained by a third party that markets the vendors' products and receives a percentage share of the profits from sales, with the individual vendor retaining ownership of the farm and food product until it is sold. A consignment farmers market may be mobile or in a stationary location.

CHECK LIST

Please use the check list below to ensure your submission is complete. You may not sell at the market until you receive a permit. **The completed packet is due at least 30 days prior to the first day you are wanting to sell at the market.** Packets must be complete with all required applications, this supplement, all required copies, and must include payment. Incomplete packages will be returned

- Complete all pages of this supplement
- Complete any additional forms (Temporary /Mobile Permit Packet) and submit along with applicable payment
- Include Copies of Food Handlers Cards for the individual(s) listed on page 6
- Include Payment of \$60.00

West Virginia Department of Health & Human Resources
Department of Health
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT



Food Establishment: _____ Phone _____ Fax _____
Mailing Address _____
Location _____ Hours of _____

Applicant: _____ Age ≥ 18? Yes No Phone _____ Fax _____
Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other _____

Ownership: Individual Association Corporation Partnership Other _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____
Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____
Mailing Address _____

Type Establishment: Mobile or Stationary Permanent or Temporary (≤ 14 days)

- Restaurant** - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.
- Retail Food Store** - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: _____
- Retail Food Store Specialty Department** - deli, bakery, seafood, etc.
- Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.
- Bar or Tavern** **Vending Machine(s)** **Food Bank / Food Pantry**

Meals Provided: Breakfast Lunch Dinner Services Provided: Sit Down Take Out Delivery Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

Yes No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

- No PHF** Prepackaged non-PHF only or limited preparation of non-PHF
- Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.
- Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

For Health Department Use Only			
Date Received _____	Reviewed By _____	Permit Fee _____	
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____

FARMERS MARKET SUPPLEMENT

Supplement to Temporary/Mobile Permit Application

All entities applying for this supplement must have/obtain a Temporary or Mobile Permit.

Name: _____

Phone: _____

Email: _____

Physical Address: _____

Market(s) Attending: _____

Are you one of the following?

- A restaurant on site at a Farmers Market
- A prepared food vendor, including mobile food vendors
- A Consignment Farmers Market
- Preparing food/drink items on site

If you **do not** fall into one of the categories above, please contact the WV Department of Agriculture for licensing and permitting. Contact West Virginia Department of Agriculture at farmersmarkets@wvda.us or call (304) 558-2226. You may also find information on the following link:

<https://agriculture.wv.gov/divisions/regulatoryandenvironmental/Farmers-Markets/Pages/Farmers-Market-Vendor-Registrations.aspx>

If you **do** fall into one of the categories above, please complete this packet and submit along with all items on the check list. **Please note:** To use this supplement, you must have/obtain a Temporary/Mobile Permit. If you do not already have a Temporary/Mobile Permit you must include that application and related fees with this submission.

Temporary/Mobile Packets may be found on our website: www.ichdvw.org

Food Handlers' Cards

Per the Jefferson County Board of Health, every employee serving, storing, or selling potentially hazardous foods or working with unpackaged food, food equipment, or utensils, or food contact surfaces in an establishment that is required to have a food establishment permit, including temporary food vendors - must have a food handler's card, issued by the Jefferson County Health Department or a WV State food handler's card. Food cards must be obtained prior to submitting this application. Please note those holding current ANSI/CFPM certifications are not required to obtain a food card and may turn in their certificates instead. Please see our website www.jchdvw.org, under food safety/ food handlers cards for information on obtaining a food card.

Instructions on how to obtain a Food Handler's Card can be found on the link below.

<https://www.jchdvw.org/food-safety/food-handlers-cards/>

Please Provide below - a list of food handlers that meet the above listed guidelines

You must send a copy of non-expired food handlers' card for each person listed below

First and Last Name of Food Handlers	First and Last Name of Food Handlers



PAYMENT FORM

Paperwork and Payment Submission:

Applications and payments MUST be submitted together, or the packet will be returned.

Prices

Farmers Market Supplement \$60.00

Payment Options:

Check Payments: Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check. Mail to the address above or drop in the lock box outside our back door – marked Environmental Health. Please be sure to include a return address or email so we may send a receipt to you.

Credit Card Payments: Please complete the credit card section below. You may send the completed form via the email, mail, or drop in the lock box outside our back door – marked Environmental Health. If your email is rejected, simply take a photo of this form, and send it as an attachment. We cannot process credit card payments over the phone.

Email to: Patti.J.Richardson@wv.gov

Credit Card Payment:

Please note: We are unable to process American Express

Card Holder Name: _____

Account # _____

Expiration Date: _____ Security Code: _____ Amount: _____

Signature: _____