



Inspectional Services

Michelle Wu, Mayor

FARMERS MARKET APPLICATION
REKERIMENTU PA MERKADU DI AGRIKULTORIS

NAME OF BUSINESS (D/B/A) _____
NOMI DI NEGÓSIU (D/B/A) _____

NAME OF OWNER: _____ PHONE: _____
NOMI DI DONU: _____ TELEFONI: _____

ADDRESS: _____
ENDERESSU: _____

CITY: _____ STATE: _____ ZIP CODE: _____
SIDADI: _____ STADU: _____ KÓDIGU POSTAL: _____

EMAIL ADDRESS: _____
ENDERESSU DI EMAIL: _____

NAME OF MARKET LOCATION: _____
NOMI DI LUGAR DI MERKADU _____

MARKET COORDINATOR: _____ PHONE: _____
KORDENADOR DI MERKADU: _____ TELEFONI: _____

ADDRESS: _____
ENDERESSU: _____

CITY: _____ STATE: _____ ZIP CODE: _____
SIDADI: _____ STADU: _____ KÓDIGU POSTAL: _____

DATE/TIME OF MARKET OPERATION: _____
DATA/ORA DI FUNSIONAMENTU DI MERKADU: _____

SIGNATURE OF OWNER: _____ DATE: _____
SINATURA DI DONU: _____ DATA _____

FEDERAL TAX I.D. NUMBER _____
NUNBRU DI KONTRIBUINTI FEDERAL _____

**ONLY “NO TRANS FAT FOODS” CAN BE SERVED
 MEETS NEW ALLERGEN REQUIREMENTS / PROPER ALLERGEN LABEL(S)
 SÓ PODI SIRBIDU “KUMIDAS SEN GORDURA PROSESSADU”
 TA KUNPRI NOBU REKIZITUS PA ALERGENU/ ETIKETA(S) PROPI PA ALERGENU**

LIST ALL PRODUCTS THAT WILL SOLD AND THE LICENSED FACILITIES WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED. MUST BE AN APPROVED SOURCE. FAZI LISTA DI TUDU PRODUTU KI STA BA SER BENDEDU Y INSTALASONS KU LISENSA UNDI KUNPRADU O PRODUZIDU KUMIDAS/BIBIDAS. TEN KI SER UN FONTI APROVADU..

FOOD/BEVERAGE KUMIDA/BIBIDA	LICENSING AGENCY AJÊNSIA KI PASSA LISENSA	ESTABLISHMENT ADDRESS ENDERESSU DI STABLISIMENTU	PERMIT # LISENSA No.
1			
2			
3			
4			
5			
6			

Check if farmers offering foods listed are exempt. Whole uncut fruits and vegetables do not require permits
 Sertifika si agrikultoris di produsus di kumida na lista sta izentu di ten lisensa. Futas y vejetal (legume y ortalissa) interu (sen ser kortadu) ka mesti ten lisensa.

FOOD SAMPLING: (REQUIRES PRE-APPROVAL)

LIST TYPE OF FOOD:

AMOSTRA DI KUMIDA: (MESTI AUTORIZASON ANTIS)

POI NA LISTA TIPU DI KUMIDA:

LIST TYPE OF UTENSILS AND EQUIPMENT FOR FOOD SAMPLING:

POI NA LISTA TIPU DI UTENSILIUS Y EKIPAMENTU PA AMOSTRA/PROVA DI KUMIDA:

TYPE AND LOCATION OF HANDWASHING FACILITIES:

TIPU Y LOKAL DI INSTALASON PA LABA MON:

PROCESSED FOODS PROPERLY PACKAGED AND LABELED: YES _____ NO _____

KUMIDAS PROSESSADU ENPAKOTADU KU ETIKETA KI DEBI SER: SIN _____ NAU _____

FOR FOODS SOLD BY WEIGHT – SCALES SEALED: YES _____ NO _____

PA KUMIDAS BENDEDU PA PEZU – BALANSAS SELADU: SIN _____ NAU _____

PERSONNEL

ENPREGADUS

HAIR RESTRAINTS PROVIDED: YES _____ NO _____
DADU KUZA PA KUBRI/MARRA KABELU: SIN _____ NAU _____

DISPOSABLE GLOVES PROVIDED: YES _____ NO _____
DADU LUVAS DISKARTÁVEL: SIN _____ NAU _____

LOCATION OF TOILET FACILITIES: _____
LOKAL DI LAVABUS/KUARTU DI BANHU:

FOOD TEMPERATURE CONTROL: (For Cold Potentially Hazardous (PHF) Ready to Eat Foods)
KONTROLU DI TENPRATURA DI KUMIDA: (Pa kumidas friu ki podi ser prigozu (PHF na ingles) prontu pa kumê)

MECHANICAL REFRIGERATION REQUIRED FOR MAINTAINING FOODS FROZEN OR REFRIGERATED AT OR BELOW 41° F:
REFRIJERASON MEKANIKU OBRIGATÓRIU PA MANTI KUMIDAS KONGELADU O REFRIJERADU NA TENPRATURA DI 41° F, O MAS BAXU:

FOOD PROTECTION:
DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION:
PROTESON DI KUMIDA:
DESKREBI MIDIDAS PA PROTEJI KUMIDA DI KONTAMINASON:

GARBAGE AND RUBBISH:
DESCRIBE MEANS FOR STORAGE AND DISPOSAL:
LIXU Y DISPIRDISIU:
DESKREBI MEIUS DI ARMAZENA Y DISKARTA (BOTA FORA):

LOCATION OF RESTROOM FACILITIES:
LOKAL DI KUARTU DI BANHU:

PROVISOS: Requires approval with the Health Division for non- mechanical refrigeration
KLAUZULA: Mesti aprovason di Sekretaria di Saudi pa refrijerason sen ser mekaniku

FEE \$100.
TAXA \$100.

paid
 pagu

not paid
 pa paga

exempt
 izentu