



VENTURA COUNTY ENVIRONMENTAL HEALTH DIVISION (EHD)
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<http://ventura.org/rma/envhealth>

CERTIFIED FARMERS' MARKET APPLICATION

FOR OFFICE USE ONLY	
Rcd By	_____
Date	_____
Amt Rcd	_____
Check #	_____
FA #	_____
P/E	<u>1612</u>

Name of Certified Farmers' Market (CFM): _____

CFM Address: _____

CFM Operating Days/Times: _____

Owner's Name: _____

Owner's Mailing Address: _____

City: _____ Zip: _____

Phone numbers (include cell phone): _____

FAX: _____ E-mail address: _____

FEE			
Certified Farmers' Market			Fee Due
LIST OF PARTICIPATING CERTIFIED PRODUCERS If more than sixteen, attach a list.			
1.	9.		
2.	10.		
3.	11.		
4.	12.		
5.	13.		
6.	14.		
7.	15.		
8.	16.		
LIST OF PARTICIPATING VENTURA COUNTY MOBILE FOOD FACILITIES (MFFs) These are vehicles permitted annually in Ventura County. If more than five, attach a list.			
TO BE COMPLETED BY ORGANIZER			EHD STAFF COMPLETE
Business name	Operator name	Telephone #	MFF Type: 1, 2, 3 or 4
1.			
2.			
3.			
4.			
5.			
LIST OF PARTICIPATING VENTURA COUNTY COTTAGE FOOD OPERATIONS (CFOs) These CFOs have a registration or permit issued in Ventura County. If more than three, attach a list.			
Business name	Operator name	Telephone #	
1.			
2.			
3.			

UTENSIL WASHING SINK FACILITIES FOR THE CERTIFIED FARMERS' MARKET (IF APPLICABLE)
SINK IS REQUIRED IF MULTI-USE UTENSILS ARE USED AND CLEAN REPLACEMENT ARTICLES ARE NOT AVAILABLE
Approved flooring (asphalt, concrete, or wood) and overhead protection required.

3-compartment utensil washing sink with hot (120°F) and cold running water under pressure provided by:

Certified Farmers' Market Certified Producer(s)

Provide 3-compartment utensil washing sink information. Food-grade hoses are required for water connections.

Water tank _____ gallons Sink plumbed inside permanent facility
 Connected to drinking water supply by a food-grade hose with backflow prevention device. Source: _____

Type of sanitizer solution used in sink compartment (appropriate test strips must be provided):

Chlorine (100 ppm) Quaternary ammonium (200 ppm) Other (specify) _____

Method of liquid waste disposal:

Connected to public sewer Waste tank _____ gallons (if unlimited water supply, provide minimum 250 gallon waste tank)

Liquid waste removal provided by:

CFM Owner or Certified Producer(s) City of _____
 Waste removal company (provide name, address, and phone number): _____

RESTROOM FACILITIES
Must be permanent facilities within 200 feet of the CFM premises.

Number of toilets: _____ Number of hand washing facilities with pressurized warm water (100°F): _____

REFUSE MANAGEMENT

Describe how the refuse (produce waste, paper trash, and other garbage) will be stored and disposed of.

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of permit, and/or citation.

I understand that once the application is submitted the application fee is non-refundable.

Print Name: _____ Signature: _____ Cell Phone: _____

IMPORTANT:

ATTACH A SITE PLAN that includes location of: Boundaries of CFM; Certified Producers' Booths; restroom facilities; refuse containers; potable water supply faucets (if applicable); wastewater disposal facilities; and shared utensil washing facilities (if applicable).

IN ADDITION, ATTACH:

- 1) Copy of location approval from the Ventura County Agricultural Commissioner's Office.**
- 2) Copy of Restroom Agreement for approved toilet and handwashing facilities.**
- 3) Zone clearance or Conditional Use Permit allowance documentation.**

PLEASE SCHEDULE AN APPOINTMENT TO SUBMIT APPLICATION.