in# ŭ	ASPETUCK HEALTH DISTRICT 180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571 Fax: (203) 221-7199	PACKET D
Aspetuck Health District	Application Farmers Market - Market Master's Application	
Market Master:	· ·	
Street Address:		
Fown, State, Zip:		
	Fax: ()	
E-Mail Address:		
	Details of Event:	
Name of Market:		
Date(s) of Event:	Anticipated Attendance (T	Total)
Hours of Operation:		
Hours of Food Servi	ice:	
Location of Event:		
	Paid Cash Check Check Number	

Directions:

The Market Master must complete this application and any following attachments. The application must be completed and submitted with payment to the *Aspetuck Health District* **14 business days** prior to the start of the Market.

For Office Use Only

Date Application Approved:	Dave Permit Issued:	Date: Mailed/Delivered
By:	By:	Ву:

Notes/Conditions:

Please fill in the information below:

1. Will hot and cold running water be made available to vendors participating in this Market	1.	Will hot and	cold running	g water be mad	e available to	vendors	participatin	g in this	Market?
--	----	--------------	--------------	----------------	----------------	---------	--------------	-----------	---------

Yes	No

2. Will hand washing facilities be made available to vendors participating in this Market?

Yes		No
-----	--	----

If not, describe the number, location and set-up of hand washing stations to be used by food vendors.

3. Describe the availability of toilet facilities.

4. Describe the number, location and type(s) of garbage disposal containers at the Market.

5. Will electricity be available for vendor use at the event?

Yes No	
--------	--

If yes, describe how electricity will be provided at the Market:

6. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s)_____

 Signature ______
 Date ______

List all market participants and their products by the following categories: Farmer selling uncooked & unprocessed raw garden produce or farm goods, Farmer selling processed fruits, vegetables, jellies, jams, etc.; non - farmers and other vendors selling goods that fall under the U.S. Food and Drug Administration Food Code. The Market Master may substitute a listing of similar format providing the requested information.

Farmers selling raw - unprocessed farm goods.

Farmers selling -processed farm goods.

Non-farmer vendors approved for Market.

Farmer Name	Product

Farmer Name	Product

Venders Name	Food Items