



Aspetuck  
Health District

**ASPETUCK HEALTH DISTRICT**  
180 Bayberry Lane, Westport, CT 06880-2855  
Telephone: (203) 227-9571 Fax: (203) 221-7199

**PACKET D**

## Application Farmers Market - Market Master's Application

Market Master: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<u><b>Details of Event:</b></u>	
Name of Market:	_____
Date(s) of Event:	_____ Anticipated Attendance (Total) _____
Hours of Operation:	_____
Hours of Food Service:	_____
Location of Event:	_____

Fee: \$275     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:	Date Permit Issued:	Date: Mailed/Delivered
By:	By:	By:

**Notes/Conditions:**

**Please fill in the information below:**

1. Will hot and cold running water be made available to vendors participating 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.

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3. Describe the availability of toilet facilities.

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

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

Yes  No

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

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

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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 \_\_\_\_\_

