



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

**PACKET D**  
**Fee \$285**

## Application Farmers Market - Market Master's Application

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

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

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

**Telephone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

### Details of Event:

Name of Market: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Anticipated Attendance (Total) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Hours of Food Service: \_\_\_\_\_

Location of Event: \_\_\_\_\_

**Fee: \$285** ☐ **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:	By:



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

**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. \_\_\_\_\_

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 \_\_\_\_\_



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

**Attachment 1: *List of Approved Market Venders***

1. 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