



Northeast District Department of Health
 69 South Main Street Unit 4
 Brooklyn, CT 06234
www.nddh.org
 Tel: (860) 774-7350 / Fax 860-774-1308

Seasonal Farmers Market Food License Application

I. Event:

Location of Markets Attending: (Please circle appropriate towns)

Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret,
 Putnam, Sterling, Thompson, Union, Woodstock

Season Start Date: _____ Season End Date: _____

Operation Times: _____

Are you a non-profit? Yes _____ No _____ If so, tax exempt # _____

II. Contact Person (applicant):

Name: _____ Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone (H): _____ Phone (Cell): _____ Fax: _____

Name of FAST or QFO trained person: _____

III. Please list all items on proposed menu:

IV. Food Storage/Disposal:

How will foods be stored at proper temperatures:

Hot: _____

Cold: _____

Method of gray water disposal: _____

What are your transportation methods (if applicable): _____

V. Are You Permitted by:

Dept of Consumer Protection _____ Permit # _____ Expiration Date: _____

Dept of Agriculture: _____ Permit # _____ Expiration Date: _____

USDA _____ Permit # _____ Expiration Date: _____

VI. Water Supply: Public Water: _____ Bottled Water: _____ Private Well: _____

NOTE: If using water from a private well, a water test conducted within the last year must be on file with NDDH prior to the issuance of a permit.

VII: Bathroom available: Portable Toilets: _____ Facility Name: _____

Applicant Signature: _____ Date: _____

Fee Paid: \$ _____ Date rcvd: _____ Check #: _____ Receipt #: _____

Approving Sanitarian: _____ Date: _____