



**Northeast District Department of Health**

69 South Main Street Unit 4

Brooklyn, CT 06234

[www.nddh.org](http://www.nddh.org)

Tel: (860) 774-7350 / Fax 860-774-1308

**Seasonal Farmers Market Food License Application**

Vendor / Farm Name: \_\_\_\_\_

Location of Markets Attending:

☐ 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 #: \_\_\_\_\_

**Contact Person (applicant):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of CFPM or FAST Class trained person: \_\_\_\_\_

**Please list all items on the proposed items for sale:**

\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_

**Currently Permitted by:**

☐ Dept of Consumer Protection: Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Dept of Agriculture: Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ USDA: Name of package plant: \_\_\_\_\_ Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**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.**

**Facilities Info:** Portable Toilets: ☐ Yes ☐ No Facility Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_