

FOR OFFICE USE

Received: _____ Paid On: _____ Check #: _____ Amount: _____ Receipt _____
Initial: _____ Issue On: _____ Expires On: _____ Permit: _____ Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION

P.O. BOX 142529 Austin, TX 78714

Phone (512) 978-0300 Email: ehsd.service@austintexas.gov

<http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Farmers' Market: Operational Permit Application

Multiple application submissions are required under the following circumstances:

- The permit holder operates across more than one Farmers' Market at the same time
- The permit holder operates across jurisdiction lines (Example: Austin and Sunset Valley)

Submit applications
at least 10 calendar
days before the
operation date

Operator Information

Note: Incomplete applications **will not** be processed and will be returned

Operator Name: _____
Last Name First Name Middle Name

Mailing Address: _____
Street City State Zip Code

Phone Number: _____ **Email Address:** _____
(###) ### - #### Email addresses are not distributed. (Internal use only)

Date of Birth: _____ **Gov. Issued ID:** _____
MM / DD / YYYY Ex: Driver's License ID Number State

Print operator's name as it appears on the Government Issued Photo ID copy submitted with the application.

Contact Information

Print full legal names as they would appear on a Government Issued Photo ID(s)

Booth Name: _____ **Staff Count:** _____
Name Used to Identify the Booth Employees/Volunteers (Part-time, Fulltime, Self)

Types of Food: _____

Permit Type: _____ Class A (Prepackaged) _____ Class B (Samples) _____ Class C (Unrestricted)

Fee Exempt? _____ Raw Eggs (Only) _____ Raw Produce (Only) _____ Educational (Only)

Jurisdiction: _____ Austin (in city limits) _____ Sunset Valley _____ Bee Cave

Fee Information:

Note: Refund requests **will not** be honored after 180 days from date of payment

Permit Class	Austin	Bee Cave	Sunset Valley
Class A	\$177.00	\$177.00	\$177.00
Class B	\$333.00	\$333.00	\$333.00
Class C	\$622.00	\$622.00	\$622.00
Expired Permit [Late Fee]	\$100.00	\$100.00	\$100.00

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: Austin Public Health

Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature _____ Print Name _____ Date _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Farmers' Market: Operational Acknowledgements (Signature Required)

If approved, I acknowledge that this permit allows me to operate at one and only one Farmer's Market at a given time within the jurisdiction specified on this application. Multiple permits are required in order to operate at more than one Farmers' Market, simultaneously, within the jurisdiction specified on this application. Multiple permits are required in order to operate in more than one jurisdiction; each jurisdiction requiring a separate permit. The department requires all booths to prominently display their permits at all times. Permits are not transferrable.

Applicant Initials

Central Preparation Facility (CPF) Requirements

- The Central Preparation Facility (CPF) Contract is a required document for the permit application submission.
- Food storage, water storage, equipment/utensil storage, general supply storage, water supply sourcing and wastewater disposal is permitted at the CPF under a Farmers' Market permit.
- **Food Preparation may occur at the Central Preparation Facility (CPF) if the Farmers' Market Booth Owner holds a separate, valid permit to operate a Food Establishment at the CPF location.**

Farmers' Market Permit Class Definitions

- Class A:** Only Prepackaged Food and self-serve (by the customer) beverages in enclosed containers may be sold under a Class A permit.
- Class B:** Sampling, baked goods, bulk foods, and beverages served (by an employee) in enclosed containers may be sold under a Class B permit, in addition to the items available for sale under the Class A permit.
- Class C:** Prepared foods and beverages (cooked or assembled on-site) may be sold under a Class C permit, in addition to the items available for sale under the Class A & Class B permits.

BOOTH OPERATING SCHEDULE FOR FARMER'S MARKETS

Provide a list of **ALL** the Farmer's Market booth operation locations, dates, and times for the various Farmer's Markets located throughout the jurisdiction for which you are applying. (Use additional sheets if necessary.)

Farmers' Market Operating Location <i>(Within Specified Jurisdiction)</i>	Day at Location <i>(Circle One)</i>	Start Time	End Time
Market Name: _____ Market Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Market Name: _____ Market Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Market Name: _____ Market Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Market Name: _____ Market Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM

Notary Signature: _____ Notary Seal: _____
Ink Stamp Only

Notary Commission Expires: _____ Phone Number: _____



AUSTIN PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 P.O. BOX 142529 Austin, TX 78714
 Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

**Certification in Jurisdiction of Food Establishment
 and/or
 Central Preparation Facility (CPF)**

Any applicants seeking 'Austin Public Health Farmer's Market Permit' who want to utilize a Food Establishment or Central Preparation Facility (CPF) outside of the Austin/Travis County jurisdiction must submit this form verifying the facility's permitted status. The public health authority with oversight of this facility must complete this verification documentation.

Note: A clear copy of a valid food establishment license/permit is acceptable in lieu of this document. If the local health authority does not regulate the food establishment then a copy of the valid State license/permit will suffice.

The proposed food establishment (listed below) seeks verification from the presiding health authority that the establishment holds a valid Food Establishment Permit and meets the presiding authority's requirements to serve as a Food Establishment and/or Central Preparation Facility.

Food Establishment: _____

Responsible Party: _____

Address: _____
 Street City State Zip

Permit Number: _____ Permit Expiration Date: _____

I certify that the above establishment is currently approved to operate under my jurisdiction as a (please initial all that apply):

Food Establishment: _____

Central Preparation Facility: _____

Health Officer/Authority: _____
 Printed Name: Last, First

Health Officer/Authority: _____ Date: _____
 Signature MM/DD/YYYY

Jurisdiction: _____

Phone Number: _____
 (###) ### - ####