FOR OFFICE USE									
Received:	Paid On:	Check #:	Amount	: Receipt	:				
Initial:	Issue On:	Expires On:	Permit:	Juris:	COA / TC / ILA				
TOFAUS	Al	JSTIN PUBLIC F	IEALTH						
57 🔜 🔁		ITAL HEALTH S		SION					
		BOX 142529 Austin							
FOUNDED 1819	Phone (512) 978-030	o://www.austintexas		as.gov					
Walk-in Locatio	on: 1520 Rutherford LN, NE corner of			g 1 East Entrance (Not a M	ailing Address)				
Farmers' Market: Operational Permit Application									
	Multiple application submissi				days before the				
	 The permit holder operates a The permit holder operates a 				operation date				
	The permit holder operates a			and Sunset Valley)					
Operator Informatior	Note: Incomplete a	pplications <u>will no</u>	t be processed a	nd will be returned					
Operator Name:									
	Last Name	First Name		Middle Name					
Mailing Address:									
C	Street	City		State Zip C	o 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	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 name	es as they would a	opear on a Gove	rnment Issued Photo ID((s)				
Pooth Name			Staff County						
Booth Name: _	Name Used to Identify the Booth		Staff Count:	Employees/Volunteers (Pa	rt-time, Fulltime, Self)				
Types of Food	,, ,			p					
Types of Food:									
Permit Type: _	Class A (Prepackaged)	Class B (Sa	mples)	Class C (Unr	estricted)				
Fee Exempt? _	Raw Eggs (Only)	Raw Produ	ce (Only)	Educational	ıl (Only)				
Jurisdiction: _	Austin (in city limits)	Sunset Val	ley	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					
		\$333.00	\$333.00	\$333.00					
	Class B								
	Class B Class C	\$622.00	\$622.00	\$622.00					
			\$622.00 \$100.00	\$622.00 \$100.00					

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. <u>Multiple permits are required in order to operate at more than one Farmers' Market, simultaneously, within the jurisdiction specified on this application.</u> 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.
- <u>Food Preparation may occur at the Central Preparation Facility (CPF) if the Farmers' Market Booth Owner</u> <u>holds a separate, valid permit to operate a Food Establishment at the CPF location.</u>

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 (Within Specified Jurisdiction)				Day at Location (Circle One)	Start Time	End Time
Market Name:				Sun. Mon. Tue.		
Market Address:				Wed. Thu. Fri. Sat.	AM PM	AM PM
Street	City	State	Zip			
Market Name:				Sun. Mon. Tue.	AM	AM
Market Address:				Wed. Thu. Fri. Sat.	PM	PM
Street	City	State	Zip			
Market Name: Market Address:		-		Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Street	City	State	Zip			
Market Name:				Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM

Market Address:							
	Street	City	State	Zip			
Market Name:					Sun. Mon. Tue.	AM	АМ
Market Address:					Wed. Thu. Fri. Sat.	PM	PM
OFAD	Street	City	State	Zip			
A and se		AUSTIN PU	BLIC HE	ALTH			
	ENVIRONMENTAL HEALTH SERVICES DIVISION						
	P.O. BOX 142529 Austin, TX 78714						
100 ND10 1019	Phone (512) 978-0300 Email: <u>ehsd.service@austintexas.gov</u>						
		http://www.aus	tintexas.go	ov/ehsd			
Walk-in Loc	ation: 1520 E	Puthorford I N NE corner of Puthorford I	N @ Com	nron DD I	Building 1 East Entrance (Not a Mailing Ac	droce)

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

Central Preparation Facility (CPF) Contract

The intention of this document is to verify that an agreement exists between the operator of the Farmers' Market Booth and the operator of the Central Preparation Facility (CPF) which allow the Farmers' Market Booth operator to utilize the CPF facilities in a manner consistent with all Austin Public Health rules, regulations and guidelines. Under the terms of this agreement the operator of the CPF must adhere to the following:

- Allow for all food storage, equipment/utensil storage, supply storage and wastewater disposal at the CPF
- <u>Ensure that no food preparation occurs at the CPF unless the Farmer's Market Booth Business Owner holds a</u> separate and valid Food Establishment permit at the CPF location
- Maintain a current and valid food establishment permit.

above and agree to comply with all of the requirements of to us Farmers' Market Booth Business Name (Print) located at Address of CPF (Print)	have read and understand the items of responsibility listed a. I give permission to
Signature:	ponsible Party MM/DD/YYYY
Signature:	ponsible Party MM/DD/YYYY
	RY VERIFICATION th Business Owner owns the Central Preparation Facility*
Before me on this date,, personally ap	peared,,
MM/DD/YYY owner or responsible party of,	peared,, Central Preparation Facility Owner or Responsible Party (Print) , known to me (or proven to me) to ation Facility Establishment (Print)
be the person whose name is subscribed to the above	"Central Preparation Facility Contract."
Name of Notary, Public, State of Texas:	Last Name

Notary Commission Expires: _____ Phone Number: _____



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

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 <u>valid food establishment license/permit</u> is acceptable in lieu of this document. If the local health authority does not regulate the food establishment then a copy of the <u>valid State license/permit</u> 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:	eet		City		State	Zip		
500	eel		City		Sidle	ΖIÞ		
Permit Number:		Permit Expira	Permit Expiration Date:					
I certify that the above	establish	ment is currently appro	ved to operate under n	ny jurisdiction as a (plea	ase initial all tha	t apply):		
Food Establishment:	_							
Central Preparation Facili	ty: _							
Health Officer/Authority:	Pr	rinted Name: Last, First						
Health Officer/Authority:	 Si	ignature		Date:	MM/DD/YYYY			
Jurisdiction:								
Phone Number:	##) ### -	####						