

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 when operating across jurisdiction lines.

Submit applications
at least 10 calendar
days before the
operation date

Owner Information

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

Business Owner Name: _____
Last Name, First Name or Business Entity

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

**** **Attach a Clear Copy of a Valid Government Issued Photo ID** ****

Farmers Market Booth Information

Booth Name: _____
Name Used to Identify the Booth

Types of Food: _____

Permit Type: Class A Class B

Fee Exemption: Raw Eggs (City of Austin Only) Bonafide Educational Booth (Farmers Market Management Only)

Jurisdiction: Austin (in city limits) Sunset Valley Bee Cave
 Travis County (unincorporated) Other: _____

Note: If applying for multiple jurisdictions, a separate application is required for each jurisdiction.

Fee Information:

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

Permit Class Type	City of Austin and Contracted municipalities ¹
Class A	\$100
Class B	\$100
Expired Permit [Late Fee]	\$100

¹ Not limited to Bee Cave, Lakeway, Rollingwood, Sunset Valley, Volente, Westlake Hills

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).

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.

Revised: 09/26/2019

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www.SurveyMonkey.com/s/EHSDSurvey

NO HOME-PREPARED FOODS ALLOWED

Farmers Market Vendor Responsibilities

1. **Operation:** A Farmers Market Permit will allow for operation at multiple Farmers Markets within the same jurisdiction even when occurring at the same designated time.
2. **Home Prepared Food:** *Do not serve food prepared at a home to the public.* All home-based food businesses must fully comply with the Cottage Food Law. Failure to meet all aspects of the Cottage Food Law may result in legal action. Cottage Food Law businesses are prohibited from obtaining Austin Public Health permits.
3. **Permit:** Post a physical copy of your Farmers Market permit at your booth where customers and inspectors can see it. All farmers market booths are required to prominently display their permits at all times to avoid legal action.
4. **Jurisdiction:** Multiple permits are required in order to operate in more than one jurisdiction. Each jurisdiction requires a separate permit. Jurisdictions serviced by this Department are City of Austin, Unincorporated Travis County, Sunset Valley, Bee Cave, Lakeway, Rollingwood, Volente, and Westlake Hills.
5. **Transferrable:** *Permits are not transferrable.*
6. **Central Preparation Facility (CPF) Requirements:** The Central Preparation Facility (CPF) Contract is a required document for the permit application submission.
 - a. Storage of Food, Beverages, Equipment, Utensils, and General Supply,
 - b. Water supply sourcing,
 - c. Wastewater disposal, solid waste disposal
 - d. Food Preparation may occur at the Central Preparation Facility (CPF) if the Farmers Market Booth Owner holds their own separate, valid permit to operate a Food Establishment at the CPF location in the City of Austin.
7. **Permit Class Types:** The following chart describes the Farmers Market permit types. All food types and food-handling operations must meet the requirements for the corresponding class of permit.

Permit	Types of Food Allowed	Types of Food-Handling Allowed	Requirements
Class A	<ul style="list-style-type: none"> • Only Prepackaged TCS* Foods • Beverages in closed containers (customer self-service) • Eggs (graded and non-graded) 	<p>NO OPEN FOOD HANDLING</p> <p>Storage of foods in a single temperature state (i.e. frozen, cold hold or hot hold)</p>	<p>Complete Application</p> <ul style="list-style-type: none"> • Proof of Approved Source of Food • (i.e. State Manufacturing License, local Health permit) • Cold Foods kept at 41°F or below, • Hot Foods kept at 135°F or above.
Class B	<ul style="list-style-type: none"> • All foods allowed • Bulk dispensing. • Beverages in closed containers (employee service) 	<p>FULL SERVICE</p> <p>Requiring handling of open food. Employees may serve beverages. Onsite preparation, cooking, and assembling of full menu</p>	<p>ALL Class A requirements and:</p> <ul style="list-style-type: none"> • Food Manager’s Certificate (FMC) – an <i>original</i> must be posted at all operating booths. City of Austin jurisdictions require FMC to be registered. • Handwashing setup & gloves • Warewashing setup or extra utensils
*TCS = Time or Temperature Controlled for Safety Foods (i.e. meat, dairy, cut melons, cooked vegetables, etc.)			

Applicant's Signature
Print Name
Date

I have read/understand all of the items of responsibility listed above and agree to fully comply with all requirements as listed. I understand fully that any violation of or deviation from these requirements may result in the suspension of my permit and may potentially result in further legal action, such as having court charges filed.



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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 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.
- **Ensure that no food preparation occurs at the CPF unless the Farmers Market Booth Business Owner holds a separate and valid Food Establishment permit at the CPF location.**
- Maintain a current and valid food establishment permit.
- **Eggs Only Instructions – Complete this top portion of this form with information of Farm location or source of eggs.**

I _____ have read and understand the items of responsibility listed
CPF Owner / Responsible Party (Print)
 above and agree to comply with all of the requirements. I give permission to _____
Farmers Market Business Owner (Print)
 of _____ to use my establishment, _____
Farmers Market Booth Business Name (Print) Name of CPF (Print)
 located at _____ as a CPF for the Farmers Market Booth Business Owner.
Address of CPF (Print)

I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

CPF Owner Phone: _____
(###) ### - ####

NOTARY VERIFICATION

Required unless the Farmers Market Booth Business Owner owns the Central Preparation Facility

To be signed in the presence of the Notary after completion of form.

Signature: _____ Date: _____
Signature of Central Prep Facility Owner or Responsible Party MM/DD/YYYY

Before me on this date, _____, personally appeared, _____,
MM/DD/YYYY Central Preparation Facility Owner or Responsible Party (Print)

owner or responsible party of, _____, known to me (or proven to me) to
Name of Central Preparation Facility Establishment (Print)
 be the person whose name is subscribed to the above "Central Preparation Facility Contract."

Name of Notary: _____ Expiration: _____
Name of Notary Public, State of Texas (Print) Notary Commission Expires (MM/DD/YYYY)

Notary Signature: _____ Notary Seal: _____
Ink Stamp Only



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

Any applicants seeking 'Austin Public Health Farmers 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: _____
(###) ### - ####