



Farmers' Market  
Permit Application

\_\_\_\_ Seasonal Farmers Market License  
\_\_\_\_ Annual Producer Sampling License

**Public Health**  
Prevent. Promote. Protect.

Application Date: \_\_\_\_\_  
Event Date: \_\_\_\_\_

**Frederick County Health Department**

Application is hereby made to operate a food service facility in accordance with  
Code of Maryland Regulations (COMAR) 10.15.03 Governing Food Service Facilities.

**Name of Establishment/Organization:** \_\_\_\_\_

**Location & Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Best Time to Call:** \_\_\_\_\_

**Location Of Event:** \_\_\_\_\_

**Market Master:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date & Time Of Event:** \_\_\_\_\_ **Number Of Patrons:** \_\_\_\_\_

**Set-up Time For Event:** \_\_\_\_\_ **Rain Date:** \_\_\_\_\_ *\*Required to avoid additional permit/fees.*

**You Have An Out Of State/County/On-Farm Processing License?** [ ] Yes [ ] No

*\*If Yes, attach copy of license to application.*

**Hot & Cold Water Under Pressure** [ ] Yes [ ] No **Water Source:** [ ] Public [ ] Well [ ] Bottled

**Sewage Disposal** [ ] Yes [ ] No **Type Of System:** [ ] Public [ ] Approved Private

**Petting Zoo Or Other Animals At Event** [ ] Yes [ ] No

**Food Service Location (Tent, Mobile Unit, Pavilion, Etc.):** \_\_\_\_\_

**Hand Washing Facilities** [ ] portable/permanent sink [ ] spouted container with warm water

**List All Foods & Beverages To Be Offered At Event & Source Of Each Item:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Any Food Being Prepared Off Site & Location Of Facility Where Foods Are Pre-Prepared**  
(Provide copy of food service facility license, if different from above license): \_\_\_\_\_

**Where Will Food Be Stored Prior To The Event:** \_\_\_\_\_  
**What Equipment Will Be Used For Cold Holding & Hot Holding Food:** \_\_\_\_\_

I have examined and read the above application and attached requirements and I agree to comply with all applicable laws, regulations, and requirements including, but not limited to, the State of Maryland and Frederick County in operating a food service facility. I understand that falsification of this application may result in the denial, suspension or revocation of the permit.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Approved By