

FARMERS MARKET PERMIT APPLICATION FOR MCLEAN COUNTY

<p style="text-align: center;">McLean Country Health Department 200 W Front, Room 304 Bloomington, IL 61701 Ph: (309) 888-5482 Fax: (309) 888-5506 Email: mclean.eh@mcleancountyil.gov Website: http://health.mcleancountyil.gov</p>	<p style="text-align: center;">For Office Use Only</p> <p>App. Approved _____ Permit # _____</p> <p>(Egg Only) _____</p> <p>(Combination) _____</p> <p>Permit to be:</p> <p>Delivered <input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/></p>
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APPLICATION AND PERMIT FEE MUST BE RECEIVED AT LEAST 5 BUSINESS DAYS PRIOR TO 1st EVENT.

*The Farmers Market Permit can only be issued to a "Farmer" as defined in (410 ILCS 625/3.3)
 "Farmer" means an individual who is a resident of Illinois and owns or leases land in Illinois that is used as a farm, as that term is defined in Section 1-60 of the Property Tax Code, or that individual's employee.*

This permit allows for sale of product raised or grown on the farm of the farmer selling the product. Product allowed for sale with this permit includes: meat, poultry, dairy, eggs, and frozen, potentially hazardous foods that have the main ingredient grown or raised on the farm of the farmer selling the product. The frozen product, meat, poultry, and dairy must be prepackaged at a licensed or permitted processing facility.

(Type or Print)

I. Name of Business: _____

Farm Address: _____
Tax ID/Parcel Number or 911 Address

II. Name of Applicant: _____

Applicants address: _____

Mailing Address: _____

Phone #: _____ **Email:** _____

III. Check the type of facility for which permit is being applied:

- Trailer Unit on Wheels An Existing Building
- Temporary Stand Other (Explain) _____

IV. Facility Identification

Trailer – Name of Trailer: _____

License Plate Number: _____

Existing Building/ Temporary Stand – Name of Building/Stand: _____

Location: _____

V. The first date and the location the applicant will operate in McLean County this year: (Note: this permit will expire on December 31 of the current year)

_____ Date _____ Location or Event

VI. List of McLean County farmers markets for which permit is being applied:

Date	Name of Farmer's Market	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify this department prior to attending a farmers' market not listed above.

IX. Food product for sale

List all foods to be sold.	Licensed/Permitted processing facility name, address, contact information.
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

The permit fee for a McLean County Farmers Market Permit is based on product being sold:

- \$75.00: Sale of only eggs
- \$175.00: Sale of multiple allowed items (meat, poultry, dairy, eggs, manufactured product)

Farmers Market Checklist

Please read the following and initial on the line provided to the right of each statement below.

Office Use	Applicant's Initials
<input type="checkbox"/> Food and ice must be obtained from an approved source. Ice cannot be made at home. <ul style="list-style-type: none"> • Meat and poultry products must be USDA or IDA inspected with proper labeling provided. Note: Attach a copy of the Illinois Meat Brokers Certificate if you have one • Egg producers must have an Illinois Egg License issued by the Department of Agriculture. Note: Attach a copy of Illinois Department of Agriculture Egg License 	_____ _____ _____
<input type="checkbox"/> Adequate cold holding equipment must be provided to maintain potentially hazardous cold foods at 41°F or below. Mechanical refrigeration is strongly recommended.	_____
<input type="checkbox"/> Proper cold holding temperatures must be maintained during transportation.	_____
<input type="checkbox"/> A metal- stemmed thermometer must be provided (glass is not acceptable) ranging from 0°F – 220°F for monitoring food temperatures. Thermometers must be accurate to +/- 3°F	_____

Additional Requirements for Sampling:

- Attach a copy of the Illinois Sampling Certificate** _____
- A hand washing station must be provided including a water container with a hands-free flowing type spout, warm water, liquid soap, single use/disposable paper towels, and a container for catching wastewater. _____
- Avoid direct hand contact with ready-to-eat foods by providing gloves, tongs, deli tissue, etc. _____
- Water must be from a safe source. Municipal water or well water that has been tested. If you tap into a water supply a food grade hose is required, and devices (i.e. vacuum breakers) must be provided to prevent back flow and back siphonage when a connection to a water supply is needed. _____
- Dishwashing facilities may be required such as a 3-basin set up to wash, rinse, and sanitize equipment and utensils. Sanitizer concentration must be 50ppm chlorine or equivalent (approximately 1 tablespoon or capful of bleach per gallon of water). _____
- Wiping cloth bucket must be provided with 100ppm chlorine concentration or equivalent to sanitize all food contact surfaces. Test strips are the only way to accurately determine sanitizer concentration. _____
- All liquid wastewater must be disposed of into public sewers or in a manner approved by the Board of Health. Adequate waste receptacles must be provided. _____
- All food stands must provide an overhead cover to protect the interior of the stand from the weather. Covers must be provided over all cooking equipment. _____

I certify that I have reviewed this permit application and completed it to the best of my knowledge, and I agree to comply with all the rules and regulations of the McLean County Revised Code, Chapter 26 Food Service and the Illinois Department of Public Health Food Code. I hereby agree and acknowledge that I fully understand that any permit issued hereunder can be suspended or revoked in accordance with the McLean Revised Code.

Signature of Applicant

Date

Print Name

Title

FOR OFFICE USE ONLY

Date Permit Fee Received: _____ Amount: \$ _____ Receipt: # _____

Permit Fee Received By: _____

Name of Representative Sanitarian Contacted

Date of Contact

Signature of Sanitarian

Application Approved: Yes No

Comments: _____
