



CERTIFIED FARMERS MARKET APPLICATION PACKET

The purpose of this application is to assist Nevada County's Certified Farmers Market event organizers to plan a safe and sanitary market which meets all California Health and Safety Code requirements. Each Certified Farmers Market (CFM) must obtain its own permit to operate legally within Nevada County. All forms needed to complete the application are included in this packet. Please read through the CFM FAQ (attached) before completing this application.

ALL APPLICANTS MUST SUBMIT:

- Completed Application form (below)
- Identification of Participating Vendors: Please fill out the attached form in completion. Vendors that will be sampling must be given the Safe Sampling Procedures document (attached).
- Site Map: Please submit a detailed site map of the proposed CFM showing locations of vendor booths, refuse containers, restroom and hand washing facilities. If attached form does not suffice, please attach own copy of with this application.
- Application Fee: Each Certified Farmers Market is charged an annual fee of \$545.93 for the current 2023-2024 year. Include an Agreement to Pay form with payment.

APPLICANT INFORMATION

Organization Name: Contact Person:
Mailing Address: Phone No.
Contact Email:

MARKET INFORMATION

CFM Event Name:
Event Coordinator Name: Phone No:
Event Coordinator Mailing Address:
Email:
Location: Nearest Cross Streets:
Event Operational Dates: Day of the Week:
Hours: Estimated No. of Vendors:

**Liquid Waste Disposal:** Please describe in the space provided below how all liquid wastes will be disposed of. Liquid wastes may include: vendor hand washing liquids, vendor ware washing liquids, ice used for cold holding potentially hazardous foods such as fresh fish, and/or general vendor washing liquids.

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**PARTICIPATING VENDOR INFORMATION** - Use Attached Form

**SITE MAP** – Use Attached Form

*I certify that I am familiar with the infrastructure requirements for food service at Certified Farmers Markets (as per the California Health & Safety Code) and that **I will be responsible for the provision and maintenance of restrooms with hand washing, potable water supply, waste removal, janitorial facilities, or any other certified farmers' market common services.** I also understand that depending on risk assessment and staff assignments, initial farmer and/or event inspection may be conducted by this office.*

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CFM Event Coordinator  
*Print*

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CFM Event Coordinator  
*Signature*

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Date

# CERTIFIED FARMERS MARKET VENDORS LIST

Date(s) of  
Event: \_\_\_\_\_

Total # of Food Vendors: \_\_\_\_\_

Business Name / Contact Person	Business Address, Email, Phone Numbers	Products Sold:	Sampling (Yes/No)

# **CERTIFIED FARMERS MARKET VENDORS LIST**

~Continued~

Date(s) of Event: \_\_\_\_\_ Total # of Food Vendors: \_\_\_\_\_

Business Name / Contact Person	Business Address, Email, Phone Numbers	Products Sold:	Sampling (Yes/No)

**(Use additional copies if needed)**



## CERTIFIED FARMERS MARKET SITE MAP

Please show entire site of farmers market, including parking, locations of vendor booths, refuse containers, restroom and hand washing facilities.

**Market Name:** \_\_\_\_\_ **Market Address:** \_\_\_\_\_

A large, empty rectangular box with a thin black border, intended for drawing the site map of the farmers market. The box is currently blank.



## **CERTIFIED FARMERS MARKETS**

# **SAFE SAMPLING PROCEDURES**

Please be aware that food preparation is prohibited at Certified Farmers' Markets with the exception of the food samples and at permitted Mobile or Temporary Food Facilities.

### **Distribution of food samples is allowed provided that the following sanitary conditions exist:**

- 1. Produce must be cleaned:** Food intended for sampling shall be washed or cleaned in a sanitary manner by potable water in order that it is wholesome and safe for consumption.
- 2. Your hands must be cleaned:** Provide a hand wash station that includes:
  - A minimum five gallon water container with warm potable water and a dispensing valve which leaves hands free for washing, with single-service soap and towels at each booth. Make sure you have a container to catch the wastewater.
  - Clean disposable plastic gloves are recommended when cutting food samples.
- 3. Your utensils must be cleaned and sanitized. Acceptable sanitizer solutions include the following:**
  - 100 ppm chlorine – ½ ounce per gallon of water (1/2 oz. = 1 tablespoon)*
  - 200 ppm quaternary ammonium – ½ ounce per gallon of water*
  - 25 ppm iodine – ½ ounce per 2.5 gallons*
  - Three (3) containers for cleaning of equipment shall be provided for washing, rinsing and sanitizing of all utensils: Potable water with soap; Clear, potable water for rinsing; Potable water with approved sanitizer.
  - Cutting boards and other items used in sampling (containers) must be washed, rinsed, sanitized and air-dried before use
  - All utensils should be food grade (approved for food contact), Non-absorbent, (plastic or metal), and in good repair. Utensils and cutting surfaces shall be smooth, nonabsorbent, and easily cleanable or single-use articles shall be utilized.
- 4. Handle all waste properly in the following approved ways:**
  - Liquid waste, which includes ice, must be disposed of into a sanitary sewer system (not street drains or nearby plants)
  - Farmers must take their waste (both solid and liquid) back to their farms or dispose in containers provided by the market's Event Coordinator or Site Manager.

## 5. Correctly give samples:

- Samples must be protected from droplet contamination, insects, dust, and a customer coming in contact with more than their sample.
- Samples must be kept in approved, clean covered containers.
- Here are the seven methods that have been approved, but remember that other methods are possible. Use these as a guideline if you have an item that does not exactly fit one of these:
  1. Capped Squeeze Bottle – for items such as honey. Bottle is uncapped, and product is squeezed onto a disposable stick for each customer. Bottle is recapped. Stick is discarded.
  2. Modified shaker Bottle – for items such as nuts or grapes. The opening of a squeeze bottle is enlarged to allow a bottle to shake out a limited number of items per shake in the hand of the customer.
  3. Bulk Liquid Container – for items such as juice, dispensed with a down-facing, self-closing spout into a cup given to the customer. Cup is used once, and then thrown away. Wash the container in an approved kitchen.
  4. Small Sample Cup – for items such as sprouts or jams. Disposable cups are filled in an approved manner for individual distribution to customer.
  5. Covered Serving Dish – for products such as sprout mixes, jams, jellies. Serving dish should have a hinged lid that opens on the grower's side of the table. Grower lifts lid and use as disposable spoon to scoop out a small sample portion. Spoon is given to customer.
  6. Sliced Produce – carried in washable containers with lids, and dispensed by grower by the use of disposable toothpicks, etc. \* ***You must provide a waste container for the customers to use, if you distribute paper cups, toothpicks, spoons etc.***
  7. Sneeze guards must be of sufficient size to intercept fluids and contaminants from the public.

## 6. Keep Potentially Hazardous Foods Cold: Potentially hazardous food samples shall be maintained at or below 45°F and shall be disposed of within two hours after cutting.





# Community Development Agency

## Environmental Health Department

950 Maidu Avenue Suite #170      PH: (530) 265-1222 ext. 3  
 PO BOX #599002      FAX: (530) 265-9854  
 Nevada City, CA 95959      Env.Health@nevadacountyca.gov  
[www.nevadacountyca.gov](http://www.nevadacountyca.gov)

### AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.nevadacountyca.gov>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: \_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
 Signature      Dated: \_\_\_\_\_      CDL# \_\_\_\_\_  
 \_\_\_\_\_  
 Printed Name      Tel #: \_\_\_\_\_

<b>THIS SECTION FOR OFFICE USE ONLY</b>		
Service: _____	Program: _____	Job No: _____
Check #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____