



OFFICE USE ONLY: Reviewed by: _____ Date: _____

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Customer # _____

City of Portsmouth Health Department

1 Junkins Avenue
Portsmouth, NH 03801
(603) 610-7238 / Fax: (603) 427-1593

Farmer's Market Food Permit Application Form

Application must be submitted to the Health Department a minimum of two weeks prior to the event.

Name of Event: Farmer's Market

Location of Event: City Hall Lot, 1 Junkins Avenue, Portsmouth, NH

Date (s) & time(s) of event: May 2 to Nov. 7, 2009, 8:00 a.m.-1:00 p.m. (excluding, June 13, 2009)

Applicant Information: Name: _____

d/b/a _____

Address: _____

City: _____ State: _____ Zip _____

Home Telephone# _____ Work # _____ Fax # _____

Person in charge on-site: _____ Telephone: _____

Location of any advanced preparation _____

Food Storage or preparation may not occur in any unlicensed location: No home preparation or storage allowed. *If you are not using your own restaurant as a commissary, attach a commissary agreement (on back).*

If you own the commissary, check here: _____

Date and time preparation begins: _____

Describe: _____

Cold Holding Equipment: _____ Cooking Equipment: _____

Hot Holding Equipment: _____ Reheating Equipment: _____

Transportation Equipment: _____ Length of time in transit: _____

Digital Thermometer Available? _____ Dispensed Soap? _____ Paper Towels? _____

Handwashing Facilities at Booth: Plumbed Sink? _____ Gravity flow, spigot dispenser _____

Sanitizing Solution: Bleach & water _____ Sanitizer (bar) tablets _____

Bare hand contact with all foods must be avoided.

What means do you have to avoid bare hand contact? Gloves Tongs Other

Describe Other: _____

List foods to be served at Event:

Food	On-Site Prep	Off-Site Prep
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Applicant's Signature: _____ Date: _____

An inspection and licensing shall occur prior to any food preparation or operations. The food license will be issued upon successful completion of inspection requirements.

Fee: \$140