



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

OFFICE USE ONLY:

Reviewed by: _____
 Date: _____
 License No: _____
 Amt. Pd: _____
 Check No. _____

Farmers' Market Food Permit Application Form

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

Please send this completed application to the Seacoast Growers Association.

Name of Event: Farmers' Market

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

Date (s) & time(s) of event: May 5 to November 3, 2012, 8:00 a.m.-1:00 p.m.

Applicant Information: Name: _____

d/b/a _____

Address, City, State & Zip _____

Home Telephone# _____ Work # _____ Fax # _____

Person in charge on-site: _____ Mobile 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.*

If you own the commissary, check here: _____ Date and time preparation begins: _____

Describe: _____

- | | | | |
|---------------------------|--|-------------------------------------|--|
| Cold Holding Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Digital Thermometer Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hot Holding Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reheating Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Length of time in transit: | _____ |
| Cooking Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Handwashing Facilities at Booth: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dispensed Soap? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gravity flow, spigot dispenser | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paper Towels? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sanitizing Solution: Bleach & water | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Plumbed Sink? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sanitizer (bar) tablets | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Bare hand contact with all foods must be avoided.

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