# **Hendricks County Health Department**

## **Environmental Health**

355 South Washington Street #210 Danville, IN 46122

Phone (317) 745-9217 Fax (317) 745-9218



### Nursing

355 South Washington Street #211 Danville, IN 46122

Phone (317) 745-9222 Fax (317) 745-9383

Regarding: Farmers' Market Vendors Operating in Hendricks County, Indiana

To Whom It May Concern:

Food establishments operating at farmers' markets in Hendricks County are required to meet minimum sanitation requirements and obtain permits as set forth in the Hendricks County Food Ordinance and the Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24. A summary of these basic requirements is attached.

Farmers' Market Vendors may need a Certified Food Handler (i.e. ServSafe, National Registry of Food Safety Professionals, or Certified Professional Food Manager). A copy of the Food Handler Certificate must be provided, if required by law, before a permit may be issued. The certified food handler requirement does not apply to a food establishment when the food establishment's food handling activities are limited solely to exempted food types listed in 410 IAC 7-22. Due to the complexity of the exemptions, please contact a Hendricks County Health Department food specialist prior to making application. You may visit the following web site for answers to frequently asked questions regarding the food handler rule and list of exempt/nonexempt food items:

#### www.in.gov/isdh/21059.htm

Please complete the enclosed Farmers' Market Vendor Permit Application for each food stand. A separate application is required for each farmers' market location. These permits are valid only for the specific farmers' market location and stand specified. Permits may not be transferred from one stand to another or switched between farmers' market locations. Application for a Farmers' Market Vendor Permit must be submitted to the Health Department at least 48 hours prior to start of the event, or a late application fee of \$25.00 will apply.

You may mail your completed Farmers' Market Vendor Permit Application(s) and the appropriate fee to the Environmental Health address provided on the top of the page. Permit application may also be made by visiting the Health Department from 8:00 a.m. to 4:00 p.m. Monday through Friday. Permit application must be submitted and reviewed before the establishment will be allowed to operate, as Health Department staff cannot accept the application and fee while on-site.

If you have any questions, you may contact Ms. Lisa Chandler by email at <a href="mailto:lchandler@co.hendricks.in.us">lchandler@co.hendricks.in.us</a> or by telephone at (317) 745-9297. Thank you in advance for your cooperation.

Sincerely,

Julie Haan, Director Environmental Health

neighteron

Enclosure(s)



# Hendricks County Health Department Farmers' Market Vendor Permit Application

#### Send completed application with payment to:

Hendricks County Health Department 355 South Washington St. #210, Danville, IN 46122 Phone (317) 745-9217 • Fax (317) 745-9218

Name of Stand:	
Name of Farmers' Market:	
Farmers' Market Address:	City:
Dates of Operation:	
Hours of Operation:	
Owner/Operator's Name:	
Address:	
City: State/Zip:	
Contact Phone Number(s):	
Certified Food Handler: (Name)	
Type of Exam:	
Expiration Date:*Copy of a Food Handler Certifi	
•	
Water Source: Electrical So	ource:
How will waste water be disposed:	
List of all Food Items and Food Suppliers:	
How will excess quantities of food be stored outside of Farmers' Market Vendor stand?	
Does each stand have its own Hand Washing Station on Site? (Yes) (No)	
Note: Farmers' Market Vendor shall comply with the provisions as set out in	
410 IAC 7-24 and the Hendricks County Food Ordinance.	
Permit is valid only for the above specified location and until December 31 <sup>st</sup> of this calendar year.	
Signature of Applicant:	Date:
No potentially hazardous food \$25.00 per year at one loca	
With potentially hazardous food Application without 48 hour notice  \$75.00 per year at one loca \$25 late fee	tion

For office use only: Receipt # \_\_\_\_\_ Receipt Amount \$ \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ Permit # \_\_