



Glenn County Health Services

Environmental Health Department

247 N. Villa Ave., Willows Ca 95988
Phone: 530-934-6102 Fax: 530-934-6103

Certified Farmers Market

Application Information

The purpose of this application is to assist Glenn 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 Glenn County.

Fees: Each Certified Farmers Market is charged an annual fee per location for the entire operating season.

CFM Event Name: _____.	
CFM Event Location: _____.	
Starting Date: _____.	Ending Date: _____.
Hours: _____.	Anticipated Attendance: _____.
CFM Event Coordinator Name/Contact Name: _____.	
Event Coordinator Mailing Address: _____.	
_____.	
Event Coordinator Telephone Number: _____.	
Event Coordinator Email: _____.	

Identification of Participating Farmers:

Please provide a list of all farmers that are to be participating at your CFM. Your list must include each of the farmer's (1) contact name, (2) business name, (3) business address, (4) telephone number, and (5) types of product to be sold (e.g. produce, fruit, nursery stock, honey, meat, eggs etc.). Any Non-Certified (Value Added) Agricultural product (e.g. jams, processed foods etc.) must be processed and packaged at an approved commissary. Non-Certified (Value Added) Agricultural product vendors must submit a Glenn County Commissary form along with a written description of the production, transportation, selling and sampling of the product and if required, appropriate state permit, license or registration.

Please see the attached handout “Certified Farmers’ Market Requirements” for additional information.

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, new farmer and/or event inspection may be conducted by this office.

CFM Event Coordinator Signature: _____ **Date:** _____.

CFM Event Coordinator Name (print): _____.

Office Use Only			
Amt Paid:	Date Paid:	Receipt #:	Check #: