



**APPLICATION FOR FARMERS MARKET PERMIT**

1. Fill out this application form online using the fields provided to select boxes or type text.
2. Print the application (draw your booth set-up in area provided on page 2 of the printed application)
3. Mail or hand deliver the completed application and permit fee (if applicable) to the Springfield-Greene County Health Department Business office (please submit during the month you wish to begin preparing food at the market)
5. Application is reviewed by the inspector to ensure that all required information is provided and minimum requirements to obtain a Farmers Market Permit have been met.
6. Once the application is approved, the permit is then mailed to the mailing address provided on this application.
7. These permits are valid only at Farmers Markets in Greene County
8. The Farmers Market Food Permit and Retail Vendor Permits are valid for one calendar year. These permits are not valid at Temporary Events outside of the Farmers Market.

**\*\*Check applicable boxes (☐)\*\***

**Farmers Market Food Permit** - Preparing bite-size samples or whole portions of both potentially hazardous and non-potentially hazardous foods at the market. **Permit fee is required. Attending the Farmers Market Food Safety Class is not mandatory but highly recommended.**

↳ To attend the food safety class, visit [health.springfieldmo.gov/farmersmarket](http://health.springfieldmo.gov/farmersmarket)

**Retail Vendor Permit** – Selling eggs, meats, or sprouts (**does not require permit fee or attending Farmers Market Food Safety Class**)

**Water Source:**      Public                  Private                          **Waste Water:**                  Public                  Private

**FARMERS MARKET INFORMATION**

Farmers Market Name and Manager \_\_\_\_\_

Farmers Market Address \_\_\_\_\_

Street    City    Zip Code

Market Manager’s Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Market Manager’s Email address \_\_\_\_\_

**VENDOR INFORMATION**

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing address:

Street    City    Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

What foods do you plan on preparing for service or sampling at the Farmers Market? (not applicable for retail vendor permits)

---

---

How do you plan on serving these food items at the Farmers Market?

Utensils

Gloved Hand

Tongs

Toothpick/spears

Other \_\_\_\_\_

In the space below, please draw a brief sketch of how you plan to set up your booth at the Farmers Market. Please include the location of all food preparation tables, display/sample tables, display cases, cold holding units, hot holding units, hand washing stations, wash/rinse/sanitize station (if communal, please note the approximate distance).

Signature of Food Inspector \_\_\_\_\_ Approval Date \_\_\_\_\_

I certify that the information supplied in this application is complete and true to the best of my knowledge and I understand that any misstatement or omission of fact will render this application and any permit issued invalid.

I understand that my Farmers Market Food Permit may be suspended or revoked by the Health Department for failure to comply with the provisions of the Missouri Food Code.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_

Approval of these plans and specification by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

**Please return application to:**

Springfield-Greene County Health Department  
227 East Chestnut Expressway  
Springfield, MO 65802 Attention: Business Office  
OR email: [foodinspections@springfieldmo.gov](mailto:foodinspections@springfieldmo.gov)

**Phone: (417) 864-1017**  
**Fax: (417) 864-1466**  
<http://health.springfieldmo.gov>

**Please submit permit fee, if applicable to:**

Springfield-Greene County Health Department  
227 East Chestnut Expressway  
Springfield, MO 65802 Attention: Business Office

Approved: ELL-11/28/17  
Revised: 11/28/17  
TF/EM/