



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

Dear Seasonal Farmer's Market Vendor:

This letter is to inform you of the Montgomery County Health Department's licensing and inspection procedure.

Please note the following:

1. **Application for Farmer's Market Vendor License (Page 2):** Submit packet and fee of one hundred dollars (\$100.00) 30 business days prior to the market. *For multiple locations with the same menu and set up, please resubmit pages 2 and 3 of this packet at least 10 business days prior to the start of the event* (there are not additional fees for multiple locations). The license is valid for 9 consecutive months.
2. **Water Quality Fact Sheet (Page 3):** Submit within 30 business days prior to the market as part of this packet. The Water Quality Fact Sheet must be completed by the market coordinator/organizer. The applicant and/or appointed representative shall accept full responsibility and/or liability for any information submitted in the application. Failure to comply may result in the closure of the event or issuance of non-traffic citations.
3. **Requirements for Petting Zoos (Page 4):** Read all information regarding requirements for Petting Zoos/Animal Exhibitors.
4. **Requirements for food vendors (Pages 5-12):** Read all information provided. Vendor must read pages 5-7 and complete and submit pages 8-12. Once the packet is received, reviewed and approved by our office, an Environmental Health Specialist will contact you to schedule an inspection.
 - **Fact Sheets (Pages 8-10):** Complete the three fact sheets and submit with the application as stated above.
 - **Sketch (Page 11):** Vendor must supply accurate sketch of booth. Include restrooms, sinks and refuse containers. Label all equipment.
 - **Vendor Checklist (Page 12):** Check "yes" and initial all requirements.

Sincerely,
Montgomery County Health Department
Division of Environmental Field Services



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Seasonal Farmer's Market Vendor Application

In compliance with the Montgomery County Public Health Code, Chapter 4, Food Protection, I hereby submit an application for a Farmer's Market Vendor's License. A licensed Vendor may not operate in more than one location at any given time. A Vendor can only operate in conjunction with a Farmer's Market. The license is valid for no more than nine (9) consecutive months per year. **All vendors must be approved and are subject to inspection prior to opening.**

This application must be made **30 business days** prior to the date planned for opening. Any additional locations of operation not included in this packet must be submitted at least **10 business days** prior to the start of the event (complete and resubmit pages 2-3 of this packet). Please send one hundred dollars (\$100.00) with the completed application to the appropriate above address. Make check or money order payable to **Treasurer of Montgomery County.**

Vendors are responsible for submitting all applications and fees to MCHD as well as ensuring compliance with the appropriate local municipality.

PLEASE COMPLETE AND SUBMIT THE FOLLOWING INFORMATION

NAME OF VENDOR:	OPENING DATE: June 26, 2010	CLOSING DATE: October 16, 2010
HOURS OF OPERATION: 8:30 am to 12:30 pm	DAYS OF OPERATION (<i>circle</i>): Sunday Tuesday Thursday Saturday Monday Wednesday Friday	
MUNICIPALITY OF OPERATION: Telford Borough	ASSIGNED SPACE/BOOTH #:	
ADDRESS OF OPERATION: Marketplace at Telford Station, Main Street and Penn Ave. Telford		
FARMER'S MARKET NAME: Indian Valley Farmers' Market	PHONE NUMBER: 215-723-6627	
MAILING ADDRESS: P.O. Box 314, Telford, PA 18969		
YOUR NAME, BUSINESS, ORGANIZATION:	DAYTIME PHONE NUMBER:	
YOUR ADDRESS (Street, City, State, Zip):		
PERSON TO CONTACT:	DAYTIME PHONE NUMBER:	

Application is hereby made for license to operate a food service establishment in Montgomery County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Montgomery County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a "sales and use tax license" or "exemption certificate" from the Pennsylvania Department of Revenue.

I _____, hereby, certify that the facts set forth on this application are true and correct to the best of my knowledge.

 Signature of Vendor

 Date



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Water Quality Fact Sheet

Contact Information

Rachel DeMarzio, Supervisor Water Quality Management
610-278-5117, ext. 6727 or rdemarzi@montcopa.org

Jennifer Paul, Environmental Health Specialist
610-278-5117, ext. 6731 or jpaul@montcopa.org

FOR OFFICIAL USE ONLY:

Date Received by MCHD:	Approval date:
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Date Received by WQM:	Approved by:
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PART I: MARKET INFORMATION (to be filled out by the Market Coordinator/Organizer)

NAME OF MARKET: Indian Valley Farmers' Market	MUNICIPALITY OF MARKET: Telford Borough
ADDRESS OF MARKET: Marketplace at Telford Station, Main Street and Penn Avenue, Telford	
DATE(S) OF MARKET (INCLUDING RAIN DATE): Saturdays, June 26- October 16, 2010	HOURS OF OPERATION: 8:30 am to 12:30 pm
CONTACT NAME: Pam Coleman	CONTACT PHONE NUMBER: 215.723.6627
CONTACT ADDRESS: P.O. Box 314, Telford, Pa 18969	

PART II: WATER AND WASTEWATER INFORMATION

- Estimate the number of visitors to this market. 600
- What type of water supply will service this market?
 - Public water supply* - Who is the public water supplier? Telford Water and Sewer Authority
 - Individual water supply well*
 - a. Where is the well located? _____
 - b. Was the well tested prior to the market (include a copy of the water results)? Yes No
 - c. Who is responsible for the private on-site well? _____

Please be advised that all water supply connections must use disinfected NSF approved food grade hoses/piping
- What type of sewage facilities will service this market?
 - Public sewer* - Who is the public sewer authority? Telford Water and Sewer Authority
 - On-lot septic system*
 - a. Who is responsible for the on-lot septic system? _____
 - b. When was the last time it was pumped (include a copy of the pumping receipt)? _____
 - Portable facilities* (include a copy of your pumping contract)
 - a. Who is the pumping contractor? _____
 - b. How many are planned for use? _____
 - c. If existing restroom facilities, how many restrooms will service this market and what are their locations? _____
- Please submit a plan/layout of market including the above information.

I, Pam Coleman, hereby certify that the facts set forth on this application are true and correct to the best of my knowledge.

Signature of Proprietor: _____

Date: May 17, 2010



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Requirements for Petting Zoos/Animal Exhibitors

- A. All exhibitors must be in strict compliance with local, state, and federal guidelines regarding animal exhibits, including compliance with the Pennsylvania Department of Agriculture and the United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS).
- B. Montgomery County Health Department (MCHD) does not recommend, inspect or approve venues where the public has contact with animals. Please see the below mentioned websites/contacts to assist you in proper licensing and/or registration requirements. Also information on reducing the risk for transmission of enteric pathogens at petting zoos, open farms, animal exhibits, and other venues where the public has contact with animals.
- C. This information is intended to clarify the MCHD's stance with regard to petting zoo's, animal exhibits, and/or any public venue where people may come into contact with animals, animal waste or byproduct. Please do not hesitate to contact the MCHD if you have any questions. The locations and phone numbers of our three centers are noted above.

Contact information:

Animal Care Regional Offices

USDA, APHIS, AC

920 Main Campus Drive

Suite 200, Unit 3040

Raleigh, NC 27606

Phone number – 919-855-7100

Fax – 919-855-7123

www.aphis.usda.gov

Centers for Disease Control and Prevention

1600 Clifton Rd, Atlanta GA 30333, U.S.A.

Switchboard: (404) 639-3311

Public Inquiries: (404) 639-3534

(800) 311-3435

www.cdc.gov

REQUIREMENTS FOR FOOD VENDORS

A. FOOD PROTECTION

All food items must be properly protected against contamination at all times. All vendors must use commissary to prepare and cook food. **Vendors are not permitted to conduct on-site food preparation, unless they are a licensed mobile vendor. No cutting, chopping, slicing, dicing, etc. on premises; must occur at commissary.**

1. All vendors must work in conjunction with an approved commissary, licensed food establishment or registered farm. **Provide copy of current commissary license and a letter of agreement granting vendor unrestricted access to commissary.**
2. If sampling food products, vendor must use disposable utensils and have prior approval by MCHD by submitting a written menu and detailed plan for food sampling.
3. All booths/food service areas must have overhead protection such as a canopy, tarp, tent, etc. Side barriers must be available when needed for dust and insect control.
4. Food facilities may not be located in areas without floor protection. Protection may include: pallets, concrete, asphalt/blacktop, wood sheeting, linoleum, tile, or other similar material to control ground dirt and debris.
5. Equipment must be located away from the public for safety and food protection.
6. No food may be displayed without being wrapped or enclosed by a properly designed sneeze guard.
7. Condiments for patron self-service must be dispensed from an approved dispensing unit, or be single-service portions.
8. All food, ice, and food-related items must be stored at least 6 inches **off the ground at all times.**

All food items must be transported, stored, and served using food-grade, approved containers, utensils, and equipment.

B. TEMPERATURE REQUIREMENTS

All food items must be held at proper temperatures at all times during transport, storage and display.

1. Forty-one degrees (41°) Fahrenheit or below for refrigerated (cold) perishable food items.
2. Frozen foods must remain frozen.
3. One hundred thirty five degrees (135°) Fahrenheit or above for hot holding food items.

An approved thermometer must be provided to ensure proper holding temperatures of food items.

C. SINKS

All vendors must use commissary to prepare and cook food. **Vendors are not permitted to conduct on-site food preparation, unless they are a licensed mobile vendor.** A handwash sink is required if selling unpackaged food product. Handwashing sinks must be NSF approved or equivalent and constructed in accordance with Chapter 4 of the MCPHC. Handsink waiver can be requested if all food is pre-packaged.

Number of required handsinks may vary based on size of facility and equipment setup. Chemically treated towelettes may not be used in place of handwashing unless all food is prepackaged.

- Water temperature: Minimum 100°F
- Water heater: Minimum 2.5 gallon
- Soap: Liquid or powder dispensable
- Single service towels
- Fresh water capacity: Minimum 10 gallons

Waste water must be disposed of in an approved manner. Waste water may not be discarded directly or indirectly into storm drains, on the ground, or into the Waters of the Commonwealth so as to create an unsanitary condition or nuisance. Facility must be able to accommodate for waste water storage that is 15% greater than the fresh water supply. Appropriate waste water storage containers must be provided.

D. ICE

The use of **block ice is not approved.** All ice must be from an approved source and properly stored and used.

1. Refrigeration units (coolers, cans, and bins) must be **continuously self-draining**.
2. Ice used for consumption must be dispensed by appropriate scoops/utensils and be separated from ice used as a coolant.

E. CERTIFIED FOOD SAFETY MANAGER (CFSM)

All vendors are required to employ at least one person who is certified as a Montgomery County Certified Food Safety Manager. An individual wishing to become certified must attend a MCHD approved course in food safety and apply for reciprocity within 30 days of operation. Exemption to this requirement is on a case by case basis after review of vendor menu and operation.

F. TOILET FACILITIES

Seasonal Vendors must have access to toilet facilities conveniently located to the market for employee use. If the sponsor or vendor of the event does not provide adequate toilet facilities, vendors must have written permission to use toilet

facilities belonging to nearby establishments. Handwashing sinks or chemically treated towelettes must be utilized after restroom usage. If chemically treated towelettes are utilized for handwashing, employees must utilize an approved hand wash station prior to resuming food handling responsibilities and may not apply for a hand wash sink waiver.

G. GARBAGE

Refuse must be properly removed at least every 24 hours or more often if necessary.

1. **ALL** garbage and refuse containing food wastes **MUST** be kept in a leak proof, rodent proof, non-absorbent, rust and corrosion resistant container.
2. **ALL** trash and garbage receptacles must be kept covered with tight fitting lids.

~ FACT SHEETS ~

Menu - List the Food/Drink Items that you will be serving:

Food/Drink Item	Pre-packaged	Serving Size	Total # of Servings Per Day	Delivered to Event Frozen, Hot or Cold
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Indicate the method (s) of protecting the food/drink items from contamination at the event site: Note that **overhead protection must be provided**, usually in the form of a canopy, umbrella, tarp, or enclosure, for your entire food-service operation. Side barriers must be available when needed for dust and insect control.

Type of Food Protection Needed	Equipment or Method
Overhead: Roof, Canopy, Etc.	
Food/Drink Items Stored Off the Ground	
Floor surface material	
Food Displayed Wrapped, Covered or Protected by a Sneeze-Guard	
Food/Drink Items Not Accessible to Customers	

~ FACT SHEETS ~

Indicate the location for the preparation of the food/drink items.

Preparation Location	Food/Drink Items
<input type="checkbox"/> At Commissary**/Licensed Food Establishment**/Registered Farm**	
<input type="checkbox"/> Purchased already commercially prepared	
<input type="checkbox"/> Prepackaged	

****Must provide copy of license or registration and letter granting unrestricted access to facility.**

Indicate the method(s) for maintaining proper food/drink item temperatures during storage, transport and display. Food/drink items that spoil easily must be held at temperatures below 41 degrees Fahrenheit, or above 135 degrees Fahrenheit at all times.

Refrigeration equipment includes mechanical refrigerators, and insulated containers such as ice chest/coolers. Sources for cooling may include electricity, dry ice, ice packs, and drained wet ice. Drained ice used for cooling must not present a hazard.

Heat sources may include sterno, electricity, propane, chafing dishes.

Food/Drink Items	Refrigeration/ Heating Equipment Type	Cold or Heat Source – Fuel	Equipment Size	# of Units

~ FACT SHEETS ~

Indicate the method(s) of customer protection from the heating equipment through proper location of equipment, or through barriers:

Sinks and Restrooms

Provide information regarding sinks and restrooms provided at booth:

Facility Sinks	Yes/No	Manufacturer and Model Number	Fresh Water/Waste Water Capacity (in gallons)	Method of Wastewater Collection
Handsink			/	
Handsink <i>(if applicable)</i>			/	
Handsink <i>(if applicable)</i>			/	

Location/Source of Toilets <i>Include written permission from owner of toilet facilities, if not provided by vendor</i>	Toilet Type (permanent or portable)

Type of Restroom Handsink (permanent, portable, or chemically treated towelettes)	Handsink Fresh Water/Waste Water Capacity (in gallons)* *if portable	Hot water capacity (in gallons)* *if portable	Method of Wastewater Collection* *if portable
	/		
	/		
	/		

**Vendor must supply accurate sketch of booth. Use space below.
Include restrooms, sinks, and refuse containers. Be sure to label all equipment.**

VENDOR CHECKLIST

By checking the “**Yes**” box and initialing the following statements certifies that you are responsible for the following requirements. All the following items are required. If the following items are not included in the Seasonal Farmer’s Market Vendor Packet, the packet will not be approved or opened by MCHD.

1. Submitted accurate sketches of vendor booth, restrooms and refuse locations (include all sinks and equipment)? Yes _____
2. Leak-proof and rodent proof refuse facilities provided? Yes _____
3. Hand washing sink provided on site? Yes _____
4. Restroom facilities provided with adequate hand washing? Yes _____
5. If obtaining permission to use restrooms, letter of permission from owner submitted? Yes _____
6. Hot water temperature at taps at least 100°F for hand washing? Yes _____
7. Submitted completed packet with applications and appropriate fees? Yes _____
8. Sewage or grey water collected and disposed of in a manner that will not create a public health nuisance? Yes _____
9. Probing thermometers provided for determining food product temperature? Yes _____
10. Copy of CFMS certificate provided and original available on site? Yes _____
11. Copy of commissary license or farm registration provided? Yes _____