



Monroe County Department of Public Health - Food Protection
 111 Westfall Road – Room 832
 Rochester, New York 14620
 Phone (585) 753-5064 / Fax (585) 753-5013
food@monroecounty.gov

GAZ. No. _____
REC No. _____
CK. No. _____ \$ _____
Date Rcvd. _____

APPLICATION FOR A PERMIT TO OPERATE A SEASONAL FARMER'S MARKET

In accordance with subpart 14-2 of the New York Sanitary Code

COMPLETE ONE APPLICATION PER BOOTH AT EACH FARMER'S MARKET

Seasonal Farmer's Market permits are **ONLY VALID DURING FARMER'S MARKET DAYS AND HOURS**

FEE: \$170.00 FOR THE SEASON - The fee must accompany this application payable by cash, check or money order to:

Monroe County Department of Public Health

For Credit Card payments please complete the [Credit Card Authorization Form](#)

1. FARMER'S MARKET INFORMATION

_____	M	T	W	Th	F	Sa	Su	_____
Name of Food Booth	Days at Market						Serving Times	
_____	_____	_____	_____	_____	_____	_____	_____	_____
Name of Market	Booth #		Season Start Date		to		Season End Date	
_____	_____	_____	_____	_____	_____	_____	_____	_____
Market Address	City				Zip			
_____	_____	_____	_____	_____	_____	_____	_____	_____
Name of Certified Food Worker* (if applicable)	Certificate #			Expiration Date				

***YOU MUST INCLUDE A COPY OF A CURRENT FOOD CARD/CERTIFICATE WITH THIS APPLICATION**

2. CONTACT INFORMATION

_____	_____
Name of Person Responsible for Booth Operation	Organization/Company Name (if applicable)
_____	_____
Email (REQUIRED)	Cell Phone (REQUIRED)
_____	_____
Contact Address	City Zip

3. FOOD INFORMATION

Where are the food/beverages to be prepared? (**HOME-PREPARED FOODS ARE NOT ALLOWED**)

On Site? **If not, Permitted Facility name:** _____

List of Hot Foods: _____

How Will They Be Transported (ex. Cambros)? _____

List of Cold Foods: _____

How Will They Be Transported? _____

Beverages: Prepackaged/Bottled? Blended/Mixed Drinks? Served with Ice?

Describe: _____

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

- Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance; **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

****NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.***

When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **NOT** provided)

Note: Instructions for obtaining and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation and/or Disability (CE-200) through New York Business Express are located on businessexpress.ny.gov. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 W. Main St, Rochester, NY 14614.**

Questions? Call the NYBE contact Center: (877) 632-4996

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Operator's Signature _____

Operator's Name (Print) _____

Date of Application _____

THIS IS NOT A PERMIT TO OPERATE!

A Seasonal Farmer's Market food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).