

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

Public Health
Prevent. Promote. Protect.

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 lchandler@co.hendricks.in.us or by telephone at (317) 745-9297. Thank you in advance for your cooperation.

Sincerely,

Julie Haan, Director
Environmental Health

Enclosure(s)



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

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: _____ (Ex. ServSafe, CPFM, NRFSP, 360 training)

Expiration Date: _____ *Copy of a Food Handler Certificate must be provided, if required, before a permit be issued*

Water Source: _____ Electrical Source: _____

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 31st of this calendar year.

Signature of Applicant: _____ Date: _____

No potentially hazardous food	<input type="checkbox"/>	\$25.00 per year at one location	<input type="checkbox"/>	maximum \$75.00/per year met
With potentially hazardous food	<input type="checkbox"/>	\$75.00 per year at one location	<input type="checkbox"/>	maximum \$225.00/ per year met
Application without 48 hour notice	<input type="checkbox"/>	\$25 late fee		

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