



Retail Food Vendors (RFV) Operating at a Certified Farmers Market Application Packet Checklist

**The following information is required when submitting a complete RFV application
Incomplete applications will NOT be accepted**

1. Submit a complete application packet to Department of Public Health by mail or in person at our Permit Center at 49 South Van Ness Ave, 2nd floor. Emailed applications will not be accepted.

<https://www.sfdph.org/dph/files/EHSdocs/ehsFood/farmersmarket/CFMApplication.pdf>

2. Submit the non-refundable application fee: credit card, check or money order for **401.00** payable to SFDPH. Please note that the annual license fee is \$493, which will be billed once the permit is approved.

3. Copy of your valid Food Facility Permit **AND/OR** your CA State Processed Food Registration Certificate. *Please call Amelia Castelli at 415-252-3838 for details.)

4. Letter from Market Manager granting your approval to operate at a specific CFM.

5. Copy of your City and County of San Francisco Business Registration Certificate/Receipt.

All new businesses must obtain a Business Registration Certificate at

<http://sftreasurer.org/registration>

*If you have already registered a previous business, you **MUST add this new location** to your existing business license certificate. You **must use the address of the CFM** where you will be operating. Account updates may be made at*

<https://sftreasurer.org/accountupdate>

6. Submit written sampling procedures if you are providing samples to patrons.

7. Submit copies of packaged food labels.

Labeling of packaged foods must include:

____ Name and Address of the Manufacturer

____ Producer

____ Weight

____ Measure or Numerical Count

____ Name of Product

____ Ingredients (If two or more ingredients are present, list by order of their predominant weight)

For more information on requirements for food labels, visit <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide> or call 240-402-2375



Application for Retail Food Vendor (RFV) at Certified Farmers' Market

1. APPLICANT INFORMATION

Date: _____

Business Name (DBA): _____

Type of Ownership (check one) Sole Owner Partnership Corporation LLC

Ownership Name: _____

List major officers if applicable: _____

Owner's Mailing Address: _____ City/State/Zip Code: _____

Business Phone # _____ Owner Phone # _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Signature(s) of all Owner(s) and Officer(s)

X _____ X _____ X _____

2. FARMERS MARKET INFORMATION

Farmers' Market Name: _____

Farmers' Market Address: _____

City/State/Zip Code: _____

Market Manager's Name: _____ Phone #: _____

3. FOOD INFORMATION

List all foods that will be sold (*attach additional sheets if necessary*):

1. _____	3. _____
2. _____	4. _____

Will food be sampled onsite? Yes No (*If Yes, please enclose a copy of sampling procedures.*)

Note: All retail food vendors who plan on sampling non-prepackaged food onsite during the market will be required to set up and utilize a hand washing AND utensil washing station (See Diagram A).

Type of facility where food is prepared: Commissary Restaurant Other _____

I have a Processed Food Registration (PFR) Yes No (*If Yes, please enclose a copy of the PFR*)

Note: All pre-packaged food shall be labeled. Labeling shall include the common name of the product, an ingredients list by order of weight, a statement of quantity (e.g. net weight, volume or count) and the name, address and zip code of the producer. **Sample labels must be submitted with your application.**

4A. COMMISSARY INFORMATION *(To be completed by commissary owner)*

Commissary Business Name (DBA): _____

Commissary Address: _____ City/State/Zip Code: _____

Ownership Name: _____ Phone #: _____

Email: _____

The RFV will be operating at my commissary during the following days and hours *(check all that apply)*:

Monday, Time Range: _____ Friday, Time Range: _____

Tuesday, Time Range: _____ Saturday, Time Range: _____

Wednesday, Time Range: _____ Sunday, Time Range: _____

Thursday, Time Range: _____

My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide the following approved facilities/services *(check all that apply)*:

- Adequate facility for storage of food, utensils, equipment and other supplies
- Adequate facility for food preparation
- Hot and cold potable running water
- Approved utensil washing sinks and/or use of operable dishwasher for washing and sanitizing utensils and other food contact surfaces
- Approved food prep sink
- Approved hand washing facilities with wall mounted paper towel, liquid hand soap, and warm water
- Adequate facility for sanitary disposal of garbage, refuse and liquid wastes
- Approved janitorial sink and employee restroom

I hereby declare that _____ *(Applicant DBA)* has permission to use my approved commissary, _____ *(Commissary DBA)* for a period of _____ months for their RFV business. I acknowledge that I am ultimately responsible for the maintenance and sanitation of the commissary/facility. In addition, I will notify the health department when this agreement is terminated.

Print Name: _____

Signature of Commissary, Owner/Agent: _____

**4B. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT
to verify the current commissary Health Permit**

The food establishment is located in _____ County and meets the commissary requirements set forth in the California Health and Safety Code (114326).

_____ Signature of REHS	_____ Print Name	_____ Date
_____ Email Address	_____ Business Phone	_____ REHS#

Application DBA: _____

5. FOR DEPARTMENT OF PUBLIC HEALTH OFFICE USE ONLY

Special application or facility notes _____

Filing Fee: _____ Receipt # _____ Other: _____

To the Director of Public Health:

The above RFV applicant has completed all necessary requirements as of _____ (date)

I **recommend** the issuance of a New Permit to operate

I **disapprove** the issuance of a New Permit to operate for the following reasons: _____

Inspector: _____ Principal Inspector: _____

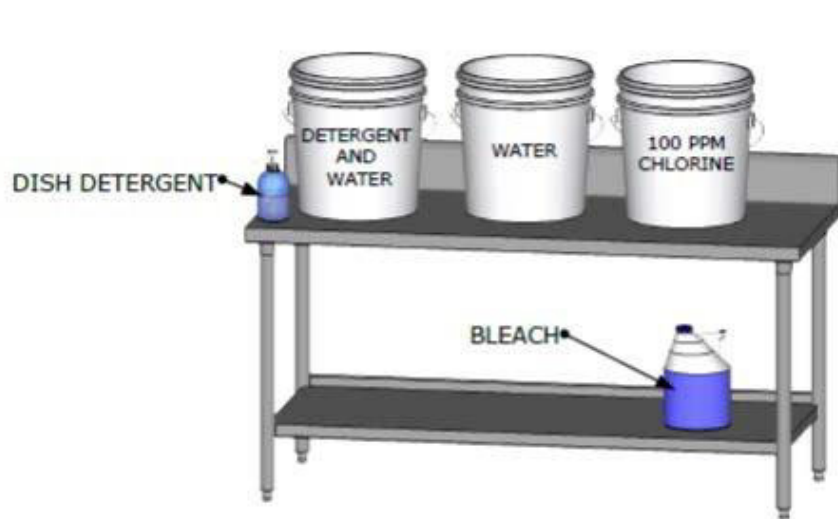
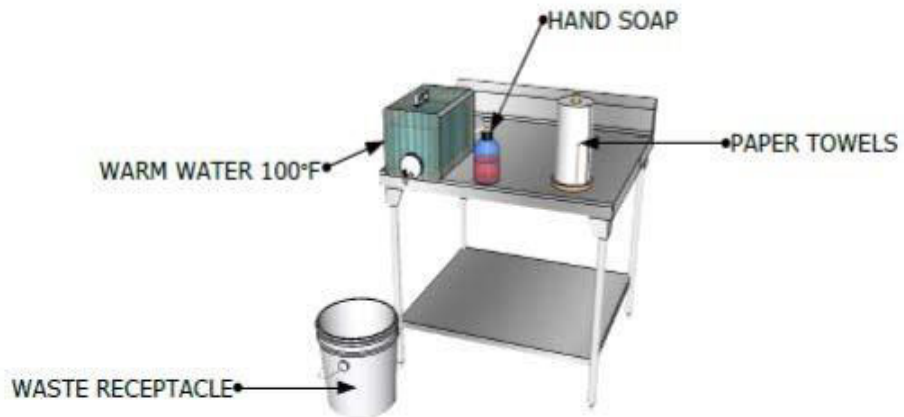
District #	Census Tract	BAN #	Permit #	Type of Permit/Class	Location ID

Diagram A

Handwashing Station

Thoroughly wash hands prior to food preparation, food sampling and after using restroom, eating, drinking, touching face/hair or any other chances of contamination.

1. Provide a 5-gallon thermal container with a hands-free spigot that drains into a 5-gallon waste bucket or basin.
2. Provide single service soap (e.g., pump style container)
3. Paper towels and trash receptacle.



Utensil Wash Station

Utensil wash station set up is for the sanitary cleaning of utensils such as knives, tongs, scoops, forks, pots, and cutting boards, probe thermometers, etc.

1. Provide three 5-gallon containers (e.g. bucket or large bus tubs) for utensil washing:
 - a. First container: clean water and detergent.
 - b. Second container: clean rinse water.
 - c. Third container: sanitizing solution and clean water (1 tablespoon bleach per 1 gallon water).
2. Provide sanitizer test strips for the sanitizer used (e.g., chlorine, quaternary ammonia).
3. Utensils handling potentially hazardous foods must be cleaned and sanitized at least once every four hours.