



**Public Health & Social Services Department**  
**Environmental Health Division**  
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## FARMERS' MARKET VENDOR APPLICATION

All portions of this application must be completed, legible, signed, and submitted to the Health Department at least 14 days prior to the estimated opening date at the market.

**2019 Farmers Market Fees: Annual (Season) Permit Fee: \$72 (non-refundable)**

**Late Fee if application received less than 14 days before the estimated opening date: \$35.00**

### Farmers' Market Vendor Information:

Vendor's Name (person-in-charge): \_\_\_\_\_  
 Vendor's Organization/Business Name: \_\_\_\_\_  
 Vendor's Mailing Address: \_\_\_\_\_  
 Vendor's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 WSDA License #: \_\_\_\_\_ Estimated Opening Date: \_\_\_\_\_

### Please understand the following BEFORE submitting the application:

- For the **Downtown Olympia Farmers' Market DO NOT USE THIS APPLICATION!** This market is under different rules as it operates more than 3 days a week. Contact our office directly for information.
- Only vendors who have permission by the market coordinator to participate may apply for this permit. The market coordinator application must first be approved prior a submitting any vendor applications.
- **An application is required if you are selling food that requires refrigeration or is frozen.** No cooking and/or food preparation is allowed under this permit (exception given to approved sampling methods or if the market offers food demonstration sampling using a permitted caterer).
- **If you will be cooking or preparing food at the market, DO NOT USE THIS APPLICATION!** Submit a multiple temporary food establishment form instead. Mobile food units may also serve at markets with approval.
- Vendors selling processed foods must submit a copy of their food processing license from Washington State Department of Agriculture (WSDA) or from other approved facilities where the food is processed and packaged.
- Incomplete applications will be returned and permit fees are non-refundable.
- To avoid late fees, a complete application must be received 14 days prior to the estimated date of opening your market booth.
- This application is good for MULTIPLE market locations (see Market Information below).

NOTE: The annual farmer's market permit may ONLY be used when participating with organized and approved farmers' markets within Thurston County while under the management of a farmer's market coordinator. Vendors shall be allowed up to 3 days per week to operate during the farmer's market season. The market start and stop dates shall be decided by the market coordinator at each approved location site. Once a market location is officially closed for the season, the farmer market vendor is no longer permitted and must close their operation for the year.

For Office Use Only

Date Rec'd: \_\_\_ / \_\_\_ / \_\_\_ Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_ Permit #: \_\_\_\_\_

**Farmers' Market Information:**

Market name: \_\_\_\_\_ Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

Will you be participating in multiple farmers' markets in Thurston County?

- Yes, complete market information below  No

Market name: \_\_\_\_\_ Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

Market name: \_\_\_\_\_ Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

Market name: \_\_\_\_\_ Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

**Vendor Food Products:**

Only food items listed below and approved by the health department will be allowed at the market. Approval for any changes must be requested prior to the event. Except for items under a WSDA Cottage Food Permit, no home preparation or home storage of food is allowed. Please refer to the "Farmers' Market Permitting and Reference Guide" Section 7. Farmers' Market Product Quick Reference Guide, for examples of food requiring a health permit.

PRODUCT/PRODUCE OFFERED FOR SALE AT THE MARKET	OFF-SITE PREP. REQUIRED (Y/N)	DESCRIBE METHOD HOW YOU WILL KEEP FOOD COLD AT THE FARMERS' MARKET (at least 41°F or below)	SAMPLES OFFERED (Y/N)

If offered by your market, will you be participating in food demonstration sampling/cooked samples using a permitted caterer?  Yes  No

**Commissary Agreement (if applicable):** You must obtain permission to use a commissary kitchen if you have answered YES to off-site preparation, sampling, or if your operation performs any of the following:

1. Requires advance product handling and preparation (i.e. cooking, cooling, cold storage, cleaning, etc.)
2. Offers raw fruits and vegetables and requires a pre-wash prior to the event and/or need to be halved, chopped, shredded or sliced prior to the event for display purposes (i.e. salad mixes, half melons, etc.)
3. The farmers market last longer than one day per week and access to cleaning equipment is required.

Examples of approved kitchens can include WSDA licensed facilities, restaurants, churches, schools, or community centers. The facility must be able to support your market booth's selection of products/produce and any preparation required. **Attach a commissary agreement form with this application and provide a brief food flow describing the process it takes to get each of your product(s) prepared and ready for the market.**

**NOTE:** Farmers' market vendors are **NOT** permitted to prepare, cook, or offer any food service to their customers or other vendors. This type of operation requires a temporary food permit and involves a separate and more detailed plan review. (Exception given to approved sampling methods or if the market offers food demonstration sampling using a permitted caterer.)





## COMMISSARY AGREEMENT FORM

All Food Establishments in Thurston County must operate out of an approved facility. Many food operations utilize commissaries that are not under their own ownership. This form is to be completed if you are not the owner of the commissary. The commissary must have facilities to support food preparation activities.

### ***Caterer/ Vendor Information:***

Name of Business: \_\_\_\_\_  
 Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/Time at Commissary: \_\_\_\_\_

### ***Commissary Information (to be completed commissary owner / agent):***

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Hours of Operation: \_\_\_\_\_  
 Do other vendors use this commissary?  Yes  No If so, how many: \_\_\_\_\_

Indicate which of the following services will be allowed for use at the commissary:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Approved Water Source         | <input type="checkbox"/> Restroom Access                 | <input type="checkbox"/> Freezer Space     |
| <input type="checkbox"/> Approved Waste Water Disposal | <input type="checkbox"/> After-hours Accessibility (Key) | <input type="checkbox"/> Ice Machine       |
| <input type="checkbox"/> 3-Compartment Sink            | <input type="checkbox"/> Dry Storage Space               | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Hand Wash Sink                | <input type="checkbox"/> Commercial Refrigeration Space  | <input type="checkbox"/> Mop Sink          |
| <input type="checkbox"/> Food Prep Sink                | <input type="checkbox"/> Walk-In Refrigeration Space     | <input type="checkbox"/> Other:            |

### **COMMISSARY AUTHORIZATION:**

\_\_\_\_\_  
 (Commissary Owner / Agent – Printed Name & Title)

\_\_\_\_\_  
 (Commissary Owner / Agent – Signature & Date)

\_\_\_\_\_  
 (Caterer / Vendor – Printed Name & Title)

\_\_\_\_\_  
 (Caterer / Vendor – Signature & Date)

Commissary Agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of this agreement.** This suspension is effective until a new agreement is provided and approved by this office.