



Aspetuck
Health District

ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

PACKET D
Fee: \$275.00

Application Farmers Market - Market Master's Application

Market Master: _____

Street Address: _____

Town, State, Zip: _____

Telephone: (____) _____ **Fax:** (____) _____

E-Mail Address: _____

<u>Details of Event:</u>	
Name of Market:	_____
Date(s) of Event:	_____ Anticipated Attendance (Total) _____
Hours of Operation:	_____
Hours of Food Service:	_____
Location of Event:	_____

Fee: \$275 **Paid** **Cash** **Check** **Check Number** _____

Directions:

The Market Master must complete this application and any following attachments. The application must be completed and submitted with payment to the Aspetuck Health District 14 business days prior to the start of the Market.

_____ *For Office Use Only* _____

Date Application Approved:	Date Permit Issued:	Date: Mailed/Delivered
By:	By:	By:

Notes/Conditions:

Please fill in the information below:

1. Will hot and cold running water be made available to vendors participating in this Market?

Yes No

2. Will hand washing facilities be made available to vendors participating in this Market?

Yes No

If not, describe the number, location and set-up of hand washing stations to be used by food vendors.

3. Describe the availability of toilet facilities.

4. Describe the number, location and type(s) of garbage disposal containers at the Market.

5. Will electricity be available for vendor use at the event?

Yes No

If yes, describe how electricity will be provided at the Market: _____

6. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) _____

Signature _____

Date _____

