

Farmers' Market Authorization Form
Sanders County

The Farmer's Market manager must complete and submit this form at least two weeks prior to the opening day of the Farmers' Market. The event must be approved by the Sanitarian prior to the event.

Market Location: _____

Market Dates (all): _____

Market Manager

Name: _____

Address: _____

City: _____

Phone: _____

Email (optional): _____

I agree to manage the Farmer's Market in accordance with the Food and Consumer Safety **2018 Farmers' Market Guidelines** and the legal references cited therein.

I agree to maintain and make available records of all persons and organizations that serve or sell food at the market, except those that have a DPHHS food license or Cottage Food Registration. Records shall include the name, address, and telephone number of the seller or server as well as types of products sold or served and date on which the products were sold or served.

Signature of Market Manager

Date

| | |
|--|---------------|
| Farmers' Market Authorization <i>(for Department use only)</i> | |
| This Farmers' Market has permission to occur on the dates provided. | |
| _____ Sanders County Sanitarian | _____ Date |

