



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

2022 Farmers Market Food Vendor Application Process

INSTRUCTIONS

This application is required for to obtain a Food Vendor Farmers Market Permit and/or notification of operation using another approved permit at a Farmers Market. Application must be submitted at least 14 days prior to the first scheduled event date. Incomplete or inaccurate applications may not be fully processed until complete. Please print legibly in blue or black ink as applicable.

PAGE 2 Required to be completed by all applicants.

PAGE 3 Section 1 - Required to be completed by all applicants.

Section 2 - Required to be completed by all applicants. Sections that do not apply may be left blank.

Section 3 - Required to be completed by any applicant that will be preparing open foods and/or will be sampling open foods. Sections that do not apply may be left blank.

PAGE 4 Required to be completed by all applicants.

APPROVAL PROCESS

A Certificate of Review will be issued to the following vendors and no review fees will be assessed.

Exempt with approval (Island County Food Code – 08305)

Exempt by definition (Island County Food Code – 0115)

Approved based on a current verified license (WSDA Food Processor, WSDA Cottage Food Vendor, etc.)

A Food Vendor Farmers Market Permit will be issued to all other food vendors or an event coordinator and a fee of \$372 will be assessed in accordance with the current Island County Environmental Health Fee Schedule. A sampling permit with a fee of \$29 may apply when open food sampling occurs.

ALTERNATE APPROVAL OPTIONS

Food vendors participating at a Farmer’s Market for a single weekend should submit a Temporary Food Establishment application.

Existing Island County Mobile Food Units may participate upon notification of Island County.

Mobile Food Vendors interested in an Island County Mobile Food Unit permit based on WA state reciprocity should submit a Food Establishment application.

APPLICATION ACCEPTANCE

All applications require an original signature. A scanned or electronic copy may be submitted.



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Food Vendor Farmers Market Application

APPLICANT INFORMATION		
Food Establishment Name:		UBI#
Applicant Name (Permit Holder):	Phone:	
Business Mailing Address:	E-Mail Address:	
City:	State:	Zip Code:
On Site Contact Name (During Operation):	Phone:	
EVENT INFORMATION		
Farmers Market Name:		
Event Location (Address):		
City:	State:	Zip Code:
Date and Times of Operation:		
Event Coordinator Name:	Title:	
Phone:	E-Mail Address:	

Application Type (Check one)

Farmers Market Coordinator <input type="checkbox"/>	Farmers Market Vendor <input type="checkbox"/>	Exempt Vendor <input type="checkbox"/>
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***Current WSDA, State, or Federal Permits/Licenses Held (Check/List all that apply)**

WSDA Food Processor <input type="checkbox"/>	WSDA Cottage Food <input type="checkbox"/>	Other:
FDA Fish/Seafood <input type="checkbox"/>	USDA Processor <input type="checkbox"/>	Other:

*Copies of any current permits should be submitted with application.

CONTINUE COMPLETION OF APPLICATION ON PAGE 3



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Section 1 – Menu List			
Food Item	Source	Food Item	Source

Additional documents may be attached.

Section 2 – Food Protection			
Overhead Coverage at Event:	Pop Up Tent []	Existing Building []	Other:
Consumer Food Protection:	Sneeze Guards []	Distance (6 ft) []	Equipment Covers []
	Pre-Packaged Foods Only []	Mobile Unit []	Other:

Section 3 – Food Handling Information			
Type of hand wash station:	Portable Sink []	Gravity Fed []	Other:
Food Preparation Activities:	Cooking, Frying, Grilling []	Hot Holding []	Cold Holding []
	Produce Washing []	Assembly []	Cutting, Dicing, Slicing []
	Beverage Preparation []	Sampling []	Other:
Dish Washing/Utensils:	3 Compartment Sink []	Extra Utensils []	Other:
Sanitizer Type	Bleach (Chlorine) []	QUAT []	Other:
Any off-site food preparation:	Yes [] ** Location:		No []

**A signed Commissary Agreement may be required for any off-site food preparation occurring in an establishment permitted by another local County.

CONTINUE COMPLETION OF APPLICATION ON PAGE 4



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SITE PLAN – BOOTH DIAGRAM (label hand sinks, table, equipment, etc.)

OPERATOR RESPONSIBILITIES (Complete as applicable)	APPLICANT INITIALS
I understand that no changes to the menu or operational scope may be made without written approval from Island County Public Health and notification of the Event Coordinator.	
I acknowledge that I have received and reviewed a copy of the Temporary Food Establishment checklist and understand that my establishment must comply with the applicable Food Safety requirements.	
I understand that Island County Farmers Market permits are non-transferable from person to person or location to location and any approval granted is for the location and operations included in this application.	
I understand that my establishment must abide by all applicable State and Federal regulations and specifics of any permits issued WSDA, State, or Federal agencies.	
I understand that my establishment may not operate outside of the scope of Island County regulations if my approval is based on an exemption under Island County Food Code – (0115, 08305).	

I hereby acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with Washington Administrative Code 246-215, local food safety requirements, and my food establishment may be subject to inspection by Island County Public Health.

Applicant Signature:	Date:
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Office use only:

Approved EHS approval: _____ Date: _____

Denied Reasoning: _____ Date: _____

Comments: _____