



## **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 application to Department of Public Health.  
<https://www.sfdph.org/dph/files/EHSdocs/ehsFood/farmersmarket/CFMApplication.pdf>
- 2. Submit application fee: credit card, check or money order for **\$341.00** payable to SFDPH
- 3. Copy of your valid Food Facility Permit **OR** your CA State Processed Food Registration Certificate.
- 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** to your existing certificate the **new location** that you are applying for. 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 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 predominance by weight).*

For more information on requirements for food labels, visit [www.fda.gov/FoodLabelingGuide](http://www.fda.gov/FoodLabelingGuide) 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: \_\_\_\_\_

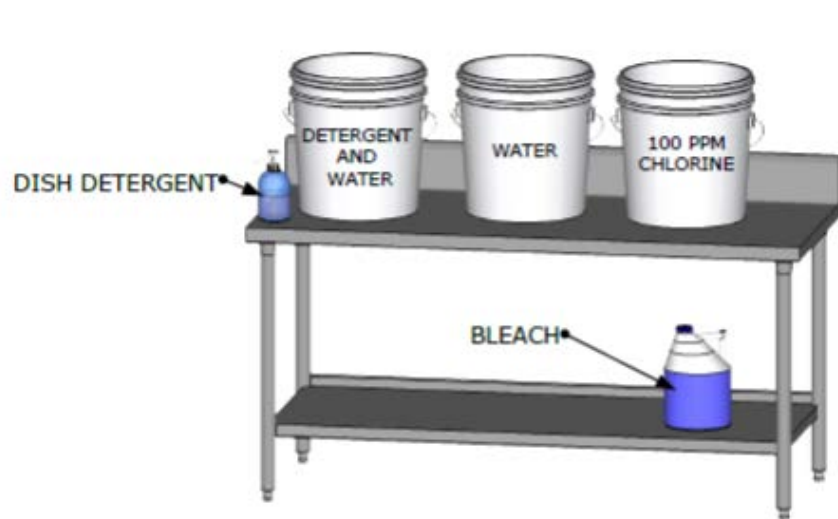
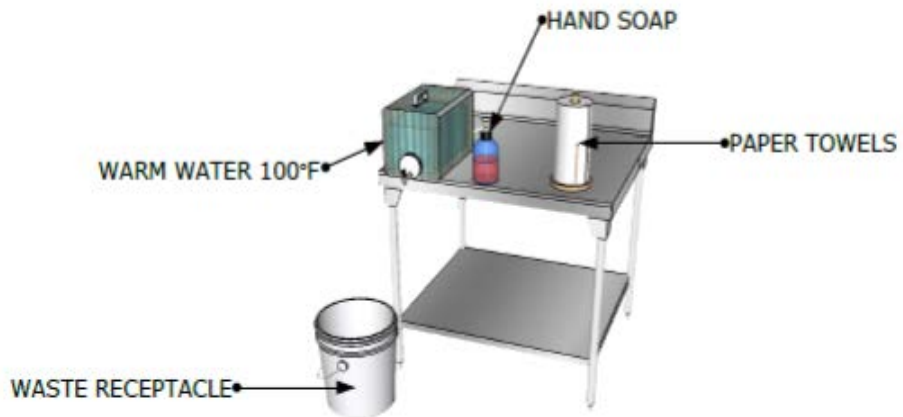
District #	Census Tract	BAN #	Permit #	Type of Permit/Class	Location ID

**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.



## Workers' Compensation Declaration for Regulated Businesses

Owner/Operator: \_\_\_\_\_

DBA/Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ SFDPH Permit Type: \_\_\_\_\_

I understand that this business must comply with the Workers' Compensation laws of the State of California to obtain and maintain a valid permit to operate from the San Francisco Department of Public Health. I hereby affirm one of the following declarations:

- I have and will maintain a **"Certificate of Consent to Self-Insure"** for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain a **"Certificate of Insurance"** for workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Policy Number

- I certify that this business is **not subject to requirements of Section 3700 of the Labor Code** at this time.

I agree that if this business employs any person in any manner so as to become subject to the workers' compensation laws of the State of California and the provisions of Section 3700 of the Labor Code, I will comply with those provisions and I will provide proof of coverage as required by the San Francisco Department of Public Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Required Attachment:**      **Certificate of Insurance** from Carrier *or*  
   **Certificate of Self-Insurance** from the State.

Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to **one hundred thousand dollars (\$100,000)**, in addition to the cost of compensation, damages as provided in Section 3706 of the Labor Code, interest and attorney's fees.