ENVIRONMENTAL HEALTH DIVISION
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
(925) 608-5500 PHONE | (925) 608-5502 FAX
http://www.cchealth.org/eh
farmersmarkets@cchealth.org

CERTIFIED FARMER'S MARKET (CFM) MANAGER APPLICATION

SECTION I. TYPE OF APPLICATION:

☐ ANNUAL CFM AG APPLICATION	☐ ANNUAL CFM NON-AG APPLICATION	☐ QUARTERLY CFM **TEMPORARY FOOD FACILITY (TFF)** APPLICATION	☐ REVISED CFM APPLICATION

SECTION II. CERTIFIED FARMER'S MARKET (CFM) INFORMATION:

NAME OF FARMER'S MARKET:	**CFM DATE:** ☐ YEAR-ROUND ☐ SEASONAL:	**CFM HOURS OF OPERATION:**
CFM DAYS OF OPERATION: ☐MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐THURSDAY ☐ FRIDAY ☐ SATURDAY	**QUARTER PARTICIPATION:** ☐ 1ST ☐2ND ☐3RD ☐ 4TH	
ONSITE CFM MANGER NAME:	**ONSITE CFM MANAGER PHONE NUMBER:**	**ONSITE CFM MANAGER EMAIL:**
CFM LOCATION:		**CITY/STATE/ZIP CODE:**
NUMBER OF TEMPORARY FOOD FACILITIES (TFF) PARTICIPATING/ CHARGEABLE: #_____BEVERAGE #_____FOOD PREPARATION #_____MOBILE FOOD FACILITY (MFF)		
NUMBER OF TFF PARTICIPATING/ NON-CHARGEABLE: #_____CONTRA COSTA MOBILE FOOD FACILITIES (CC MFF) #_____ NON-PROFIT/VETERAN VENDORS		
NUMBER OF AG & NON-AG VENDORS PARTICIPATING: #_____AG VENDORS #_____NON-AG VENDORS		
MARKET LOCATION DETAILS: METHOD OF WASTEWATER DISPOSAL: #_____NUMBER OF TOILETS PROVIDED FOR TFF VENDORS GARBAGE COMPANY:		

SECTION III. CFM MANAGER ACCOUNTS RECEIVABLE INFORMATION:

CFM MANAGER NAME:		
PERMIT HOLDER NAME:		
ADDRESS:		**CITY/STATE/ZIP CODE:**
PHONE NUMBER:	**ALTERNATE NUMBER:**	**EMAIL:**

SECTION IV. ATTACHMENTS (check box(es) indicating documents that are included with the application):

☐ CFM VENDOR FORM(s)	☐ VENDOR PERMITS (CFO, MFF)	☐ COPIES OF FOOD CERTIFICATIONS (CPC, PFR, CL)	☐ LIST OF VENDORS
☐ NON-PROFIT COPY OF 501C3	☐ VETERAN EXEMPT COPY OF DD214	☐COMMERICAL/PRODUCTION KITCHEN AGREEMENT	☐ SITE MAP

☐ **OPT IN** for Ag Permit and Non-Ag Permit fee credits

By opting in for the Ag Permit and Non-Ag Permit fee credits you agree to have a designated booth space at your Farmer's Market event for Contra Costa Health Plan (CCHP). In exchange for providing CCHP with a designated booth space, Environmental Health will waive recent permit fee increases for the annual Ag and Non-Ag Permits, reducing fees in accordance with the Legislation Text found within RES 2025-225, if you choose to OPT IN.

Failure to submit complete application package at least two (2) weeks before the first day of the event will result in LATE FEE(S) per current fee schedule. Please see the current fee schedule for more information.

I understand and will comply with applicable requirements of the **California Health & Safety Code, Division 104, Part 7, California Retail Food Code**.

Signature of CFM Manager: _____ Date: _____

FOR OFFICE USE ONLY

FA#:	**TE#:**	**AR#:**	**PE:**	**ASSIGNED TO:**			**RECEIPTED DATE:**	**RECEIPT #: XR**			
TOTAL AMOUNT DUE: $	**AMOUNT PAID:** $	**METHOD OF PAYMENT:** ☐ CASH ☐ CHECK # ☐ CREDIT CARD					**COMMENTS:**				
LATE FEE: ☐ 25% OF PERMIT FEE $	**LATE FEE:** ☐ 40% OF PERMIT FEE $	**FOOD PREP**	**BEV**	**CFO**	**CC MFF**	**CC MFF PLAC**	**OOC MFF**	**NP/VET**	**AG**	**NON-AG**	**EHS III:**

CFM APP 8/2025