



**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 100  
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## VENDOR FORM FOR CERTIFIED FARMER'S MARKET (CFM)

### SECTION I. TYPE OF VENDOR FORM:

<input type="checkbox"/> CFM VENDOR FORM	<input type="checkbox"/> ADD-ON VENDOR FORM <i>(Late fee may apply)</i>	<input type="checkbox"/> REVISED VENDOR FORM
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### SECTION II. VENDOR INFORMATION:

CFM NAME:		QUARTER PARTICIPATION: <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup>	
VENDOR BUSINESS NAME:		OPERATOR NAME:	MOBILE LICENSE PLATE # (if applicable):
VENDOR BUSINESS ADDRESS:		CITY/STATE/ZIP CODE:	
OPERATOR PHONE NUMBER:		OPERATOR EMAIL:	
TYPE OF FOOD VENDOR: <input type="checkbox"/> COTTAGE FOOD OPERATORS (CFO)	<input type="checkbox"/> BEVERAGE	<input type="checkbox"/> FOOD PREPARATION	<input type="checkbox"/> MOBILE FOOD FACILITY (MFF)
TYPES OF FORMS TO INCLUDE (IF APPLICABLE): <input type="checkbox"/> NON-PROFIT COPY OF 501C3 <input type="checkbox"/> VETERAN EXEMPT COPY OF DD214 <input type="checkbox"/> COMMERCIAL/PRODUCTION KITCHEN AGREEMENT <input type="checkbox"/> PERMITS			

### SECTION III. VENDOR BOOTH SET UP:

Booth set up: <input type="checkbox"/> BOOTH SIGN <input type="checkbox"/> EQUIPMENT BARRIER <input type="checkbox"/> FLOOR PROTECTION (if applicable) <input type="checkbox"/> FULL MESH ENCLOSURE <input type="checkbox"/> OVERHEAD CANOPY <input type="checkbox"/> NONE			
Food storage during transportation to event: <input type="checkbox"/> ICE CHEST <input type="checkbox"/> HOT HOLDING UNIT (Ex.: insulated food carrier, steam table for mobiles, etc.) <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> OTHER:			
Check box(es) to indicate how foods will be SERVED at the CFM: <input type="checkbox"/> PREPACKAGED <input type="checkbox"/> PREPARED IN ADVANCED <input type="checkbox"/> PREPARED ONLY AT CFM <input type="checkbox"/> SERVING SAMPLES			
Food preparation/ food storage methods (if applicable): <input type="checkbox"/> COOKING ON SITE <input type="checkbox"/> CUT/ASSEMBLE/PORION <input type="checkbox"/> HOT/COLD HOLDING <input type="checkbox"/> REHEATING <input type="checkbox"/> OTHER:			
Wash Station: <input type="checkbox"/> HANDWASH STATION <input type="checkbox"/> WAREWASH STATION <input type="checkbox"/> NONE		Cleaning schedule: <input type="checkbox"/> EVERY 4 HOURS <input type="checkbox"/> UPON CONTAMINATION	
VENDOR FOOD MENU:	FOOD PURCHASED FROM (EX: Costco, Smart & Final, Foods Co):	LIST EQUIPMENT USED TO HOT HOLD, COLD HOLD AND/OR COOK:	

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.**

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CFM Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

FA#:	TE#:	AR#:	PE:	ASSIGNED TO:	RECEIPTED DATE:	RECEIPT #:	XR
TOTAL AMOUNT DUE:	AMOUNT PAID:	METHOD OF PAYMENT:			COMMENTS:		
\$	\$	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="checkbox"/> CREDIT CARD					
LATE FEE: <input type="checkbox"/> 25% OF PERMIT FEE	LATE FEE: <input type="checkbox"/> 40% OF PERMIT FEE	FOOD PREP	BEV	CFO	CC MFF	CC MFF PLAC	OOB MFF
\$	\$						