

Saint Louis
COUNTY
PUBLIC HEALTH



For Office Use Only:
Market Approved: YES / NO
Contact Provided:
YES / NO
Approval Date: _____
Approved by: _____
Assigned to: _____
Date Stamp Here

Farmers' Market Application

Please complete form in its entirety

I. Market Information

Market Name _____

Address _____ Phone () - _____

Manager _____ Fax () - _____

City _____ State _____ Zip _____ E-mail _____

II. Emergency Contact Information

Complete this if the Emergency contact information is different than above.

Name _____ Phone () - _____

III. Market Requirements

Market Managers are responsible for ensuring that the items below are in compliance.

- List of participants is available upon request.
- Potable water provided from an approved source.
- Sanitary method of wastewater disposal.
- Toilets and hand-washing facilities available for participants.
- Policy preventing pets from entry.
- Sanitary garbage disposal method.

Your signature will represent that you have read the above items and understood the requirements of a market manager.

Applicant's Signature: _____ Date _____

Applicant's Printed Name: _____

Public Health Satellite Offices:

NORTH

715 Northwest Crossing
St. Ann, MO 63074
Phone: 314.615.7469
Fax: 314.615.7439

SOUTH

4562 Lemay Ferry Rd
St. Louis, MO 63129
Phone: 314.615.4027
Fax: 314.615.4008

WEST

74 Clarkson Wilson Ctr
Chesterfield, MO 63017
Phone: 314.615.0929
Fax: 314.615.0925

BERKELEY

6121 North Hanley Rd.
Berkeley, MO 63134
Phone: 314.615.8900
Fax: 314.615.8951

For additional food safety information, visit us at: www.stlouisco.com