



Public Health
Prevent. Promote. Protect.

JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

Application for Farmers' Market Permit

Applicant (s) _____

Farm Address _____ City/State/Zip _____

Telephone Number _____ Email _____

Farmers' Markets Attending (check all that apply):

_____ Apple Canyon Lake _____ Elizabeth _____ Galena
_____ Galena Territory _____ Hanover _____ Jo Daviess Local Foods

Items Sold – Please list items to be sold that are raised or grown on the farm of the farmer selling the food product ***Fresh, whole, unprocessed raw agricultural products, including honey, are **exempt** from inspection & permit fees.

☐ **Limited egg only permit - \$25/year**

☐ **Full Farmers' Market Permit - \$75/year**

	Refrigerated	Frozen	No refrigeration required Product HACCP or food safety plan needed
Meat			
Poultry			
Dairy			
Eggs Egg license issued by the IL Department of Agriculture required			
Frozen, potentially hazardous foods The main ingredient to be grown or raised on the farmer’s farm. Foods must be prepackaged at a licensed or permitted processing facility			

Processing Facility: _____

Address: _____

Contact Person: _____ Phone #: _____

Applicant must:

- Provide a thermometer for each refrigeration unit, including, but not limited to, a refrigerator, fridge, freezer, or cooler, that is accurate to plus or minus 3° Fahrenheit.
- Maintain in good condition all equipment and utensils, meaning no chips, pitting, or other similar wear.
- Provide effective means to maintain cold food temperatures below 41° Fahrenheit and frozen foods below 32° Fahrenheit.
- For meat, dairy, or poultry products that do not require refrigeration, provide a product hazard analysis and critical control point (HACCP) or food safety plan from a licensed facility as evidence of product safety at specific temperatures for the specified duration that they are not refrigerated.
- Provide an IDPH Farmers Market Food Product Sampling Handler Certificate if distributing product samples at no charge
- Obtain an appropriate retail food permit if offering additional food items

Applicant (s) _____
Signature Date

For office use only

Permit fee: ☐ Cash ☐ Check # _____ Permit Number: _____

Remarks/Notes:

☐ Accepted ☐ Denied By: _____ Date: _____