

**Jo Daviess County Health Department**  
**Division of Environmental Health**  
**9483 U.S. Rt. 20 W. P.O. Box 318 Galena, IL 61036**  
**Phone # (815) 777-0283 Fax # (815) 777-2977**

**Application for a Farmer's Market Permit**

**A \$50 (county residents) or \$100 (non-residents) fee will be charged for each permit issued. Please make check payable to the Jo Daviess County Health Department and return with application. If you will be selling products at more than one market, you are only required to obtain one permit.**

Vendor/Group/Business Name \_\_\_\_\_

Applicant (s) \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Certified Food Manager \_\_\_\_\_

License Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Farmer's Markets Attending (check all that apply):

- |                       |                |                   |
|-----------------------|----------------|-------------------|
| ____ East Dubuque     | ____ Elizabeth | ____ Galena       |
| ____ Galena Territory | ____ Hanover   | ____ Scales Mound |
| ____ Stockton         | ____ Warren    |                   |

Date(s) of Markets \_\_\_\_\_

Items Sold\* \_\_\_\_\_

\*The Cottage Food Operations law went into effect in Illinois on January 1, 2012. Check these guidelines to determine if you are able to register as a Cottage Food Operation under this law.

\*Attach necessary licensing documentation from Illinois Department of Public Health (milk, cheese, ice cream, apple cider and other fruit/vegetable juices etc.) Illinois Department of Agriculture (shell eggs, meat, poultry) or United States Department of Agriculture (meat, poultry) regarding your intended food product along with product labeling and a HACCP plan (when necessary).

\*\*Raw Milk or Dairy Products made with Raw Milk; Home-Butchered Meat, Poultry, or Wild Game Animals; Home-Canned Foods; Home-Vacuum-Packaged Products; Sandwiches Prepared at Home; Homemade Ice Cream are **prohibited**. All other food product must be prepared in an **inspected facility**.

Name & Location of Inspected Facility: \_\_\_\_\_

\*\*\*Fresh, whole, uncut, unprocessed produce is **exempt** from inspection & permit fees.

Applicant (s) \_\_\_\_\_

Signature

Date

Approved By \_\_\_\_\_

Signature of Sanitarian

Date

L:EH/Food/FarmersMarkets/Application

PERMIT # \_\_\_\_\_

ISSUED \_\_\_\_\_ EXPIRES \_\_\_\_\_