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| <p><b>For Office Use Only</b><br/>         Date Application Received: _____<br/>         Date of Approval: _____<br/>         Registration Number: _____</p> |
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**FARMERS’ MARKET OPERATOR REGISTRATION FORM**

Prior to operating a farmers’ market, all market operators must register with the Philadelphia Department of Public Health, Office of Food Protection (OFP), by submitting this form annually. To register, complete this form and submit to the OFP at the address below. The form includes three sections: 1) Market Operator Information, 2) Market Information, and 3) Vendor Information. This form can be downloaded at [www.phila.gov/health/farmersmarkets](http://www.phila.gov/health/farmersmarkets).

**Email or mail the completed form to:**

Dawn Kiesewetter, Program Manager, Philadelphia Department of Public Health, Office of Food Protection, 321 University Avenue, 2<sup>nd</sup> Floor, Philadelphia, PA 19103, at 215-685-7490 or [dawn.kiesewetter@phila.gov](mailto:dawn.kiesewetter@phila.gov). You will receive an email confirmation within five business days of receipt.

**I. MARKET OPERATOR INFORMATION**

Use this section to provide information about your organization.

|                                |               |   |
|--------------------------------|---------------|---|
| <b>Name of Organization:</b>   |               | <b>Non-profit 501 3(c) Business, Commercial Activity License #:</b> |
| <b>Contact Name and Title:</b> |               |   |
| <b>City:</b>                   | <b>State:</b> | <b>Zip code:</b>  |
| <b>Phone:</b>                  | <b>Email:</b> | <b>Website:</b>   |



## II. MARKET INFORMATION

Submit information for each market you will be operating in the 2014 calendar year. If the market is located on public property, it must be on a location deemed permissible by the Philadelphia City Council (see Philadelphia City Code – Section 9-213 (7)). If on private property, you must have zoning approval and permission of the business owner for operation.

| Name of Market Operator: _____ |                |                |              |              | Date form submitted: _____<br>page ____ of ____ pages         |   |
|--------------------------------|----------------|----------------|--------------|--------------|---|---|
| Market Name                    | Market Address | Days and Times | Opening Date | Closing Date | LOCATION APPROVAL   |   |
|                                |                |                |              |              | If on Public Property<br>Provide City Code<br>citation number | If on Private Property<br>Indicate zoning<br>approval |
|                                |                |                |              |              |   |   |
|                                |                |                |              |              |   |   |
|                                |                |                |              |              |   |   |
|                                |                |                |              |              |   |   |
|                                |                |                |              |              |   |   |



**II. MARKET INFORMATION** *(continued)*

| Name of Market Operator: _____ |                |                |              |              | Date form submitted: _____<br>page ____ of ____ pages         |   |
|--------------------------------|----------------|----------------|--------------|--------------|---|---|
| Market Name                    | Market Address | Days and Times | Opening Date | Closing Date | LOCATION APPROVAL   |   |
|                                |                |                |              |              | If on Public Property<br>Provide City Code<br>citation number | If on Private Property<br>Indicate zoning<br>approval |
|                                |                |                |              |              |   |   |
|                                |                |                |              |              |   |   |
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|                                |                |                |              |              |   |   |



### III. VENDOR INFORMATION

Submit information for each vendor participating in any farmers' markets you operate in the 2014 calendar year. This information is needed to ensure that all vendors are properly licensed and to gather key information that might be needed in the event of a food-borne illness.

| Name of Market Operator: _____ |                   |                                     |               | Date form submitted: _____<br>page ____ of ____ pages |                |
|--------------------------------|-------------------|-------------------------------------|---------------|---|----------------|
| Business Name                  | Address and Email | Participating markets<br>(list all) | Products Sold | Permit or License #                                   | Issuing Agency |
|                                |                   |                                     |               |   |                |
|                                |                   |                                     |               |   |                |
|                                |                   |                                     |               |   |                |
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|                                |                   |                                     |               |   |                |



**III. VENDOR INFORMATION** *(continued)*

| Name of Market Operator: _____ |                   |                                     |               | Date form submitted: _____ |                |
|--------------------------------|-------------------|-------------------------------------|---------------|----------------------------|----------------|
|                                |                   |                                     |               | page ____ of ____ pages    |                |
| Business Name                  | Address and Email | Participating markets<br>(list all) | Products Sold | Permit or License #        | Issuing Agency |
|                                |                   |                                     |               |                            |                |
|                                |                   |                                     |               |                            |                |
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