Department of Public Health
CITY OF PHILADELPHIA

For Office Use Only
Date Application Received: _____
Date of Approval: _____
Registration Number: _____

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.

Email or mail the completed form to:

Department of Public Health, Environmental Health Services, 7801 Essington Ave, Phladelphia, PA 19153, at 215-686-1230 or healthfarmersmarkets@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.

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

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II. MARKET INFORMATION

Submit information for each market you will be operating in the 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:** _____ **page**_____**of**_____**pages**	
Market Name	**Market Address**	**Days and Times**	**Opening Date**	**Closing Date**	**LOCATION APPROVAL**	
					If on Public Property Provide City Code citation number	**If on Private Property** Indicate zoning approval

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II. MARKET INFORMATION *(continued)*

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

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III. VENDOR INFORMATION

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

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