



Island County Public Health

Environmental Health – Food Safety Program
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

Farmers Market Application

INSTRUCTIONS

This application is required for a Farmers Market Permit and/or notification of operation using an exemption at a Farmers Market. A complete application with the correct fee ([Fee Schedule](#)) must be **received** (postmark is insufficient) 14 days prior to the first scheduled event to avoid a non-refundable late fee. Incomplete or inaccurate applications will not be processed until complete. Please print legibly in blue or black ink as applicable.

PAGE 2 Required to be completed by all applicants.

PAGE 3 Section 1 - Required to be completed by all applicants.

Section 2 - Required to be completed by all applicants. Sections that do not apply may be left blank.

Section 3 - Required to be completed by any applicant that will be preparing open foods and/or will be sampling open foods. Sections that do not apply may be left blank.

Section 4 – Required to be completed by any applicant that utilizes a commissary kitchen.

PAGE 4 Required to be completed by all applicants. A copy of the temporary food establishment checklist is required to be submitted with the application.

APPROVAL PROCESS AND FEES

A Certificate of Review will be issued to exempt vendors and no fees will be assessed.

Exempt with approval (Island County Food Code – 08305)

Exempt by definition (Island County Food Code – 0115)

A Farmers Market Permit will be required for all other food vendors OR the Farmers Market if the market is obtaining the permit on behalf of all food vendors in accordance with the current Island County Environmental Health Fee Schedule ([Fee Schedule](#)). A sampling permit with a fee may apply when open food sampling occurs.

ALTERNATE APPROVAL OPTIONS

Existing Island County Mobile Food Units may participate upon notification of Island County.

Mobile Food Vendors interested in an Island County Mobile Food Unit permit based on WA state reciprocity should submit a Mobile Food Establishment application.

APPLICATION ACCEPTANCE

All applications require an original signature and proper payment.



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APPLICANT INFORMATION

Food Establishment Name:	UBI#	
Applicant Name (Permit Holder):	Phone:	
Business Mailing Address:	E-Mail Address:	
City:	State:	Zip Code:
On Site Contact Name (During Operation):	Phone:	

EVENT INFORMATION

Farmers Market Name:		
Event Location (Address):		
City:	State:	Zip Code:
Date and Times of Operation:		
Event Coordinator Name:	Title:	
Phone:	E-Mail Address:	

Application Type (Check one)

Farmers Market Coordinator <input type="checkbox"/>	Farmers Market Vendor <input type="checkbox"/>	Exempt Vendor <input type="checkbox"/>
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*Current WSDA, State, or Federal Permits/Licenses Held (Check/List all that apply & attach a copy)

WSDA Food Processor <input type="checkbox"/>	WSDA Cottage Food <input type="checkbox"/>	Other:
FDA Fish/Seafood <input type="checkbox"/>	USDA Processor <input type="checkbox"/>	Other:

*Copies of any current permits should be submitted with application.

CONTINUE COMPLETION OF APPLICATION ON PAGE 3



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Section 1 – Menu, Source, and Equipment				
Food Item	Source	Transport Equipment (Cold – 41°F, Hot – 135°F)	Cold Holding Equipment (Cold – 41°F)	Hot Holding Equipment (Cold – 135°F)

Additional documents may be attached.

Section 2 – Food Protection				
Overhead Coverage at Event:	Pop Up Tent <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	
Consumer Food Protection:	Sneeze Guards <input type="checkbox"/>	Distance (6 ft) <input type="checkbox"/>	Equipment Covers <input type="checkbox"/>	
	Pre-Packaged Foods Only <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Other:	

Section 3 – Food Handling Information				
Type of hand wash station:	Portable Sink <input type="checkbox"/>	Gravity Fed <input type="checkbox"/>	Other:	
	Cooking, Frying, Grilling <input type="checkbox"/>	Hot Holding <input type="checkbox"/>	Cold Holding <input type="checkbox"/>	
Food Preparation Activities:	Produce Washing <input type="checkbox"/>	Assembly <input type="checkbox"/>	Cutting, Dicing, Slicing <input type="checkbox"/>	
	Beverage Preparation <input type="checkbox"/>	Sampling <input type="checkbox"/>	Other:	
Dish Washing/Utensils:	3 Compartment Sink <input type="checkbox"/>	3 Bin/Bucket <input type="checkbox"/>	Extra Utensils <input type="checkbox"/>	
Sanitizer Type	Bleach (Chlorine) <input type="checkbox"/>	QUAT <input type="checkbox"/>	Other:	
Any off-site food preparation:	Yes <input type="checkbox"/> If Yes, Enter Commissary Information Below		No <input type="checkbox"/>	

Section 4 – Commissary Information				
Name of Permitted Kitchen:		Permit #		
Site Address of Kitchen:		City: _____		Zip: _____
Permit Holder Name:		Day(s) Used:		Hours Used:
What preparation steps will be done at the commissary kitchen listed above? (Check all boxes that apply.)				
Produce Washing <input type="checkbox"/>	Cooking <input type="checkbox"/>	Cooling <input type="checkbox"/>	Ware Washing <input type="checkbox"/>	Storage: <input type="checkbox"/>

Notes:

- An inspection will occur at the Island County commissary during operational hours indicated.
- A signed Commissary Agreement with a copy of the valid permit will be required for any commissary kitchen that is permitted by another local County. Commissary use will be verified with the local jurisdiction and inspection by the local jurisdiction during operating hours may be requested.

CONTINUE COMPLETION OF APPLICATION ON PAGE 4



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SITE PLAN – BOOTH DIAGRAM (label hand sinks, table, equipment, etc.)

OPERATOR RESPONSIBILITIES (Complete as applicable)	APPLICANT INITIALS
I understand that no changes to the menu or operational scope may be made without written approval from Island County Public Health and notification of the Event Coordinator.	
I acknowledge that I have received and returned a copy of the Temporary Food Establishment checklist and understand that my establishment must comply with the applicable Food Safety requirements.	
I understand that Island County Farmers Market permits are non-transferable from person to person or location to location and any approval granted is for the location and operations included in this application.	
I understand that my establishment must abide by all applicable State and Federal regulations and specifics of any permits issued WSDA, State, or Federal agencies.	
I understand that my establishment may not operate outside of the scope of Island County regulations if my approval is based on an exemption under Island County Food Code – (0115, 08305).	

I hereby acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with WAC246-215 and local food safety requirements, and my food establishment may be subject to inspection by Island County Public Health.

Applicant Signature:

Date:

Office use only:

Approved EHS approval: _____ Date: _____
 Denied Reasoning: _____ Date: _____
Comments: _____