

Saint Louis  
**COUNTY**  
**PUBLIC HEALTH**



**For Office Use Only:**  
Market Approved: YES / NO  
Contact Provided:  
YES / NO  
Approval Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Assigned to: \_\_\_\_\_  
*Date Stamp Here*

Farmers' Market Application

Please complete form in its entirety

**I. Market Information**

Market Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Manager \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**II. Emergency Contact Information**

Complete this if the Emergency contact information is different than above.

Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

**III. Market Requirements**

Market Mangers are responsible for ensuring that the items below are in compliance.

- List of participants is available upon request.
- Potable water provided from an approved source.
- Sanitary method of wastewater disposal.
- Toilets and hand-washing facilities available for participants.
- Policy preventing pets from entry.
- Sanitary garbage disposal method.

Your signature will represent that you have read the above items and understood the requirements of a market manager.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

**Public Health Satellite Offices:**

**NORTH**

715 Northwest Crossing  
St. Ann, MO 63074  
**Phone:** 314.615.7469  
Fax: 314.615.7439

**SOUTH**

4562 Lemay Ferry Rd  
St. Louis, MO 63129  
**Phone:** 314.615.4027  
Fax: 314.615.4008

**WEST**

74 Clarkson Wilson Ctr  
Chesterfield, MO 63017  
**Phone:** 314.615.0929  
Fax: 314.615.0925

**BERKELEY**

6121 North Hanley Rd.  
Berkeley, MO 63134  
**Phone:** 314.615.8900  
Fax: 314.615.8951

For additional food safety information, visit us at: [www.stlouisco.com](http://www.stlouisco.com)