

APPLICATION

PRC's NEWTOWN SQUARE FARMERS' MARKET at Mostardi's Nursery
4033 West Chester Pike, Wednesdays, 2:00 – 6:00PM, May 24 – September 27, 2017

Name: _____

Date: _____

Farm/Business Name:

Farm/Business Mailing Address:

Business Phone: _____ **Mobile Phone:** _____

Email Address: _____

Type of Vendor:

Farm Acreage Total: _____

Schedule Preference: Weekly Bi-Weekly

Certified Organic: Yes No

Would any of your products be from another farm/company? Yes No

If yes, what percentage of total products? _____ Please indicate items on next page.

Do you have liability insurance, which covers incidents that may occur off your premises? Yes No

Do you have product liability insurance? Yes No

If you have answered yes to any of the above liability insurance questions, please provide the following information:

Name of Policy Holder Policy Number

If selling prepared food, is your kitchen licensed? Yes No

Vendor Product List: Please check off each option that you intend to sell at the PRC's Newtown Square Farmers' Market at Mostardi's Nursery.

Grown/Made Yourself = G Reselling = R Organic = O

| Fruits & Vegetables | G | R | O | Fruits & Vegetables | G | R | O | Plants (list types below) | G | R | O |
|--------------------------------|----------|----------|----------|--------------------------------|----------|----------|----------|----------------------------------|----------|----------|----------|
| Apples | | | | List all others below: | | | | | | | |
| Apricots | | | | | | | | | | | |
| Asparagus | | | | | | | | | | | |
| Beans | | | | | | | | | | | |
| Beets | | | | | | | | | | | |
| Blackberries | | | | | | | | | | | |
| Blueberries | | | | | | | | | | | |
| Broccoli | | | | | | | | | | | |
| Brussels Sprouts | | | | | | | | | | | |
| Cabbage | | | | | | | | | | | |
| Cantaloupes | | | | Other Farm Products | | | | Prepared Food | | | |
| Carrots | | | | Apple Cider | | | | Beverages | | | |
| Cauliflower | | | | Flowers | | | | | | | |
| Cherries | | | | Honey | | | | | | | |
| Corn | | | | Maple Syrup | | | | | | | |
| Cucumbers | | | | Jams/Jellies/Fruit Butters | | | | | | | |
| Eggplant | | | | | | | | | | | |
| Grapes | | | | List all others below: | | | | Sandwiches | | | |
| Greens | | | | | | | | | | | |
| Herbs | | | | | | | | | | | |
| Honeydews | | | | | | | | | | | |
| Hot Peppers | | | | | | | | | | | |
| Leeks | | | | | | | | Soups | | | |
| Lettuce | | | | | | | | | | | |
| Nectarines | | | | Baked Goods | | | | | | | |
| Okra | | | | Bread | | | | | | | |
| Onions | | | | Rolls | | | | | | | |
| Peaches | | | | Muffins | | | | Other Prepared Foods: | | | |
| Pears | | | | Scones | | | | | | | |
| Peas | | | | Cookies | | | | | | | |
| Plums | | | | Pies | | | | | | | |
| Potatoes | | | | Cakes | | | | | | | |
| Pumpkins | | | | Cupcakes | | | | Other Non-Food Items | | | |
| Radishes | | | | Brownies | | | | | | | |
| Squash | | | | Dog Treats | | | | | | | |
| Strawberries | | | | Cat Treats | | | | | | | |
| Sweet Peppers | | | | List others below: | | | | | | | |
| Tomatoes | | | | | | | | | | | |
| Turnips | | | | | | | | | | | |
| Watermelons | | | | | | | | | | | |
| Zucchini | | | | | | | | | | | |

PLEASE NOTE: All vendors must adhere to the goods listed on their application. Additions, which must remain within a vendor's established product line, must be approved by PRC at least one week in advance. Please email butler@PRC.org with any changes.

CERTIFICATION OF APPLICATION

I certify that the information in this application is, to the best of my knowledge, true and accurate and that I am a legal owner and/or representative of the above-named farm/business. I also certify that I have read, understood, and agree to abide by the Market Rules.

Signature of Farmer/Vendor

Print Name

Date

TOWNSHIP OF NEWTOWN
DELAWARE COUNTY



209 BISHOP HOLLOW ROAD
NEWTOWN SQUARE, PENNSYLVANIA 19073
PHONE (610) 356-0200 FAX (610) 356-8722
WWW.NEWTOWNTWPDELCO.ORG

2017

TEMPORARY HEALTH LICENSE APPLICATION
PLEASE PRINT

Applicant: _____ Phone: _____

Name of Event: _____

Location of Event: _____

Name of Food Facility: _____

Coordinator: _____ Phone: _____

Date(s) of Event: _____ Hours of Event: _____

Name of Certified Food Manager: _____

Attach copies of certification(s)

Set up Time: _____ Break Down Time: _____

Will food be cooked off site: Yes No (Circle one)

*If yes, name, address and phone number of facility _____

Cooked Foods

What method of heating source will be used to maintain hot holding temperatures @135 degrees or more?

What method of cooling source will be used to maintain cold holding temperatures @ 41 degrees or less?

Uncooked Foods

How will food(s) be protected? _____

How will food(s) be displayed? _____

Type of eating utensils: _____

Ware Wash setup: Manual vs. Mechanical: _____

Source of Potable Water: _____

Source of Ice: _____

How will left over food be disposed of? _____

How and where will food handlers wash their hands? _____

How and where will patrons wash their hands? _____

How will garbage be disposed of? _____

Provide list of menu items served (use attached sheet if needed):

IMPORTANT NOTICE

Vendors not licensed by Newtown Township must provide the following documentation:

- **Current copy of Food Establishment License from issuing governmental agency. (State, County or Local Health Agency)**
- **Most recent copy of Food Establishments inspection report.**
- **Each vendor must have a stem thermometer(s)/thermocouple to maintain temperatures at safe levels.**
- **Each vendor must have means to wash their hands and sanitizer solution available during the event.**
- **Each vendor serving food product that requires no further cooking (ready to eat) must use gloves, tongs, spatulas, or deli paper or provide a clean barrier between hands and food items.**
- **Refuse and recycling containers must be provided and trash disposed of in accordance with Newtown Township Ordinances.**

Signature of applicant

Date

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To be completed by the Health Officer

Application Received: _____

Fee Paid: _____

Approved: _____

Denied: _____

Signature of Health Officer

Comments:

