

# 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**

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**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**

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

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**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

+++++

**To be completed by the Health Officer**

Application Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Officer

Comments:



