



KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH PROGRAM

2400 TROOST AVE, SUITE 3000
KANSAS CITY, MO 64108

Phone: (816) 513-6315 Fax: (816) 513-6290



Public Health

Farmers Market Vendor Permit Application

Instructions:

- Return completed application at least 30 days prior to planned opening date. If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
Pre-Opening inspection does not guarantee a permit will be issued.
The City of Kansas City prohibits smoking in enclosed places of employment and all enclosed public places; KCMO Ordinance No. [R-2008-00067].
A Home Garden, Community Garden, Community Supported Agriculture Farm, or Crop Agriculture Farm, as defined in Chapter 88, Zoning and Development Code, shall not be considered a Farmers Market for purposes of this Food Code.
Farmers Market Vendor means a business, farmer, or producer, or a designated representative of a business, farmer or producer operating for commercial purposes at a Farmers Market.
Farmers Market Vendor Permit: issued to an organized, reoccurring operation at a designated location used by local farmers and producers primarily for distribution and sale of locally produced agricultural products, or a limited amount of non-agricultural, locally produced products. This permit authorizes a Farmers Market Vendor to operate no more than twenty four (24) hours per week, and no more than twelve (12) hours in any twenty four (24) hour period. Farmers Market Vendor Permit is an annual permit that expires at the end of every calendar year. Farmer's Market Vendors Permit allows holder to sell prepackaged Potentially Hazardous Food and offer Potentially Hazardous Food items for sampling purposes only. No cooking (including BBQ) or food preparation (except for sampling) may be done with this permit. A Farmers Market is not an event.
If sampling, food sample must be limited to bite sized portions not to exceed 2 oz. per sample.

OFFICE USE ONLY
Permit #: Issue Date:
Rec'd by: Date:
Assigned to: District:
Amount: Check#:

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City Health Department and speak with a Food Inspector in order to complete this application process.

Date: New Permit Permit Renewal

Applicant Name: Date of Birth:
(Applicant must be the owner of the Food Establishment or an officer of the Legal Ownership)

Farmer/Vendor Information

Vendor/Farmer Business Name:
(Must be entered as it appears on stand [DBA])
Farmer's Market Name: Market Address:
City: Kansas City State: MO Zip:
Hours of Operation: Days Operating: Estimated number of days operating per year:

Owner Information

Ownership Type (Check one): Individual Association Corporation Partnership LLC
Federal Tax ID #:
Owner(s) Name:
(Must be entered as it appears on federal tax letter)
Owner Address: City State Zip:
Phone: Fax: E-mail:

Name of Local or Government Licensing Agency: \_\_\_\_\_ License Number: \_\_\_\_\_

**Person-In-Charge**

The Person-In-Charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during the operation of the food establishment.

Name of Person-In-Charge during operation \_\_\_\_\_

Has the Person-In-Charge completed a Food Safety course?\* Yes No

\*If Yes: Name of Food Safety course completed: \_\_\_\_\_ Date Completed \_\_\_\_\_

**Requirements**

- 1. Flooring must be smooth, durable, and easily cleanable. What type of flooring will you provide at your station?  
 Concrete  Tile  Asphalt  Dirt or Grass Covered with Tarps or Mats  
 Other: \_\_\_\_\_
- 2. For Outdoor Events: What type of overhead protection and walls will you be using?  
 Overhead Protection without Walls  Tent with Screened Enclosure  Temporary Construction  
 Other: \_\_\_\_\_
- 3. How will you ensure proper temperature of food during operation?  
**Cold foods at 41°F or below:**  Ice Coolers with drains  Freezers  Mechanical Refrigeration  Dry Ice  
 Other: \_\_\_\_\_  
**Hot foods at 135°F or above:**  Steam Table  Chafing Dish  Grill  Electric Roaster Pan  
 Other: \_\_\_\_\_
- 4. How will you monitor food temperatures?  
 An accurate and calibrated metal-stem thermometer ranging from 0F – 220F (glass is not acceptable).
- 5. Do you plan to sample your products:  Yes  No, If yes, List Sampled Product  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following questions **must** be answered if sampling,

**A hand washing sink is required. What type of hand washing sink will you use?**

Gravity Flow (Container with hands-free dispensing valve)  Plumbed Sink with hot and cold running water

**No bare-hand contact with ready-to-eat food is allowed. How will your employees or volunteers handle food?**

Gloves  Tongs  Utensils  Deli tissue  Toothpicks/Swords  Other: \_\_\_\_\_

**What type of sanitizer will you use to disinfect food-contact and non-food-contact surfaces?**

Chlorine (Bleach) w/Test strips  Quaternary w/Test Strips  Iodine w/Test Strips

\*Sanitizer wipes are not approved.

**Grills and smokers are required to have covers. Will you cook any food on a grill or smoker?**

No  Yes, Grill or smoker with a hinged lid  Yes, Flat Top Grill with Overhead Protection and Screened Sides

**Time As A Public Health Control:** Are you using Time As a Public Health Control?  No  Yes

If yes, Time as a public health control requires that all food must be discarded after four hours, once removed from active temperature control. Describe your process/procedure for monitoring time:

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### Type of food Served/Sold

List all food items to be sold and the type of packaging used on each product. Attach a separate sheet if necessary.

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### Transportation Method

#### Food Transportation Method

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Describe \_\_\_\_\_

### Additional Information

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#### IN ADDITION TO THIS APPLICATION, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

- Copy of the license/permit from the Local or Government licensing Agency
- Copy of Owners State issued photo ID

*It is advisable to purchase a copy of the Kansas City, Missouri Food Code to ensure compliance with all regulations. Copies may be purchased from the Environmental Public Health Program. The Kansas City, Missouri Food Code is also available for free on our website: [www.kcmo.org/health](http://www.kcmo.org/health)*

### Fee Information

**Permit Fees must be submitted with the application. Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.**

**Please make check or money order payable to: CITY TREASURER**

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED INVALID.

I AM FAMILIAR WITH THE CONTENTS OF THE KANSAS CITY, MISSOURI FOOD CODE AND UNDERSTAND THAT MY FARMERS MARKET VENDOR PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (SEC 30-71 FOOD CODE ADOPTED).

IF APPROVED, I UNDERSTAND THAT FARMERS MARKET VENDOR PERMIT MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE OF FOOD INSPECTOR:** \_\_\_\_\_ **APPROVAL DATE:** \_\_\_\_\_