

Division of Environmental Health and Disease Prevention 1930 Ninth Avenue, Helena MT 59601 Phone: 406-457-8900 Fax: 406-457-8997

http://www.lccountymt.gov/health.html

## **Farmer's Market Food Exemption Review Request**

Owner Information
Date of Submission:
Applicant Name
Applicant Address City, State Zip
PhoneEmail
Wednesday Market Saturday Market East Helena Market Capital Square Market
Exemption certifiates may be provided upon request by the producer, if needed, to meet the requirements of certain Farmer's Markets. These are not required by the Health Department, but they are provided if requested and certain parameters are met. For more information see the Farmer's Market guidance document. If we have any questions or need additional information, we will contact you. The Farmer's Market Cerificate will be issued by Lewis & Clark Public Health Department.
<b>List all food items</b> and <b>attach ingredient list</b> for each product. List ingredients for icings, glazes, fillings, doughs, and crusts separately. Provide a description of the product unless it is a simple iniced drop cookiem pie, or scone. <b>A lack of detailed information may delay processing of your application.</b>
<ul> <li>Ingredient list must include all ingredients. Attach additional pages. See attached guidance document for label information.</li> <li>All foods must be protected from contamination. Place all baked items in individual wrapping/bags or covered containers prior to bringing to the market.</li> <li>Once your application has been reviewed, you will be issued a Farmer's Market Certificate that lists the item that comply with the farmer's market exemptions. This certificate should be displayed if requested by the market. Any food items not listed on the certificate are not certified to comply with the farmer's market exemption.</li> </ul>
Submit this application to:
Lewis & Clark Public Health ATTN: Licensed Establishment Admin 1930 9 <sup>th</sup> Ave Helena, MT 59601
If you wish to discuss any changes with a sanitarian, leave a message at 406-457-8919 and we will return your call or email us at PHLicEst@lccountymt.gov.
I certify that the information above is complete and accurate. Proposed changes will be reviewed if
submitted.
Applicant's Signature ————————————————————————————————————