

Alexandria Health Department Farmers' Market Food Vendor Registration

Please complete and return this form to the Alexandria Health Department. The Health Department will review the information and contact you if they have any questions. When the Health Department completes their review, they will send you a letter outlining food safety steps you should take to protect the health of your customers.

1. VENDOR NAME: _____

Business Address: _____

Farm or Kitchen Address: _____

Phone Numbers: Business: () _____

Home: () _____

Mobile: () _____

Fax Number: () _____

Email Address: _____

2. NAME OF VENDOR REPRESENTATIVE(S) IN CHARGE, ON-SITE, DURING THE FARMERS' MARKET:

_____ On-site phone number: () _____

_____ On-site phone number: () _____

_____ On-site phone number: () _____

3. PRODUCTS: Please answer the following questions about food products you would like to sell/serve at an Alexandria Farmers' Market.

A. RAW FRUITS, VEGETABLES, NUTS, AND GRAINS

1) Will you be selling fruits, vegetables, nuts and/or grains? YES NO

2) Will you be selling sprouts? YES NO

3) Will you be selling mushrooms? YES NO

4) Will any of these items be cut? YES NO

5) Will you be offering samples? YES*** NO

*** If you answered yes to the question above, please provide additional information below on which fruits, nuts or vegetables you want to sample and how the items will be displayed and served to prevent contamination of the food.

If at a later time you would like to begin offering cut produce or samples of your fruits, nuts or vegetables, please contact the Environmental Health Division at (703) 746-4910.

Environmental Health Division, 4480 King Street, Suite 360, Alexandria, VA 22302
Phone: (703) 746-4910 Fax: (703) 746-4919 www.alexandriava.gov/EnvironmentalHealth

B. PREPARED FOODS, EGGS, MEATS, SEAFOOD, POULTRY, AND DAIRY PRODUCTS

1) Will you be selling prepared foods (including cooked fruits and vegetables), eggs, meats, seafood, poultry and/or dairy products? YES*** NO**

** *If you answered "no" – skip to the end and sign this form*

*** *If you answered "yes" – please complete the rest of this form.*

Food Item:	Primary Ingredient(s):	Where is this food item prepared?	Is this food item cooked or heat treated prior to packaging?

2) SOURCE OF INGREDIENTS (i.e. Sysco, Safeway): For the products you prepare, please list the source(s) of your ingredients.

3) FOOD SAMPLES: Do you want to serve samples of prepared foods at the Farmers' Market? YES*** NO

*** *If you answered yes to the question above, please provide additional information below on which prepared food items you want to sample and how the items will be displayed and served to prevent contamination of the food.*

4) PACKAGING & LABELING: How are your prepared food items packaged (in canning jars, sealed in plastic containers, etc.) and labeled?

If at a later time you would like to sell any prepared food products not listed above or begin offering samples of your food products, please contact the Environmental Health Division at (703) 746-4910.

The above information is complete and accurate.

Food Vendor's Signature

Date