EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

Farmers Market Permit Application

Applications must be received more than 72 hours of the date in which you will start operating at the farmers market. If the application is received within 72 hours, the permit will be processed for the following weekend

Check which applies:

- ☐ Farm (provide copy of crop plan)
- ☐ Non-Farm Vendor
- ☐ Cottage food vendor (provide copy of license and check which applies):
  - ☐ Cottage food selling packaged items only
  - ☐ Cottage food serving samples

Late Fee: Fee is doubled if application and fee are not received 14 days prior to the event

Market Name: _____ **Market Master:** _____

Location: _____ Date/Time: _____

Farmers providing copy of crop plan – Complete back page only.
All other applicants, complete information below:

Name of Food Booth: _____ **Contact Person:** _____

Email: _____ Phone: _____

Mailing Address: _____

***If required for your set up, provide a copy of your Certified Food Protection Manager Certificate with this application*

List all Foods and Beverages being sold:

Describe where and how foods will be prepared and transported to the event:

If applicable, explain how hot and/or cold foods will be maintained, and how foods will be cooked:

Describe handwashing set up for booth (please indicate water source):

Describe how food contact surfaces will be sanitized throughout the event:

Please complete reverse side

FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

688 EAST MAIN STREET • ORCHARD RESEARCH PARK • BRANFORD, CT 06405
TELEPHONE: (203) 481-4233 FAX: (203) 483-6894
www.esdhd.org

Draw layout showing booth set-up. Include overhead protection, handwashing station, equipment, etc.

CONNECTICUT DEPARTMENT OF AGRICULTURE
450 Columbus Blvd, Suite 703 | Hartford, Connecticut 06103 | 860.713.2500
Bureau of Agricultural Development & Resource Conservation
An Equal Opportunity Employer
ctgrown.gov

2026 CROP PLAN

Date Completed:_____ **Contact Name**_____

Farm Name_____

Mailing Address_____

Town_____ **Zip** _____

Farm Address _____ **Town**_____ **Zip** _____

Phone _____ **(home/work)** _____ **(cell)** _____

Email Address: _____ **Website Address:**_____

Cultivated Acres Owned _____ **Cultivated Acres Leased** _____ **Total Acres Cultivated** _____

List the farmers' markets you will be participating in or have applied to participate in (as both a full-time and/or part-time vendor). Attach a separate page if necessary.

1.	**2.**
3.	**4.**
5.	**6.**
7.	**8.**
9.	**10.**

I attest that this crop plan is truthful and an accurate representation of my farm's production area. **I understand it is my responsibility to maintain an updated crop plan with the Connecticut Department of Agriculture and provide a copy to each farmers' market my farm participates in.** I understand a current crop plan is required for valid participation in the Farmers' Market Nutrition Program and certified farmers' markets. Failure to maintain a current crop plan may result in dismissal from the program. I understand any Connecticut Grown farm products (as defined by CGS Sec. 22-6r (7)) not grown by myself and brought to a certified Connecticut farmers' market shall be labeled accordingly per CGS Sec 22-38.

Farmer Signature **Date**

By affixing my signature to this statement (General Statues of Connecticut, Vol 13, Sec 53a – 157b under penalty of false statement(*) in the second degree: Class A misdemeanor), I acknowledge that I have read and completed this document and/or someone has read it and completed it for me and it is true to the best of my knowledge and belief.

(*)Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

For each product grown or produced on your farm, enter the total quantity of all varieties. An additional sheet can be attached if necessary. This can be updated throughout the growing season.

FRUIT	Trees/Bushes	Acres	Rows/Ft
Apples			
Apricots			
Blackberries			
Blueberries			
Cherries			
Currants			
Gooseberries			
Grapes			
Melon			
Mulberries			
Nectarines			
Paw Paw			
Peaches			
Pears			
Plums			
Raspberries			
Strawberries			

HERBS	Grnhouse Sq Ft	Acres	Rows/Ft
Arugula			
Basil			
Chives			
Cilantro			
Dill			
Edible Flowers			
Marjoram			
Mint			
Oregano			
Parsley			
Rosemary			
Sage			
Tarragon			
Thyme			

Item Not Listed	Acres	Rows/Ft	Grnhouse Sq Ft

Keep a copy/picture and send the completed form to market managers for each market attending AND the CT Department of Agriculture: 450 Columbus Blvd, Suite 703, Hartford, CT 06103.

VEGETABLES	Acres	Rows/Ft	Grnhouse Sq Ft
Artichokes			
Asparagus			
Beans			
Broccoli			
Broccoli Rabe			
Beets			
Bok Choy/Pac Choi			
Brussels Sprouts			
Cabbage			
Carrots			
Cauliflower			
Celery			
Chicory Root			
Cucumbers			
Eggplant			
Endive			
Escarole			
Fennel			
Fiddleheads			
Garlic			
Ginger Root			
Greens (Collard, Mustard,			
Horseradish			
Jerusalem			
Kale			
Kohlrabi			
Leeks			
Lettuce			
Microgreens			
Mushrooms			
Okra			
Onions			
Parsnips			
Peas			
Peppers			
Potatoes			
Pumpkins			
Radicchio			
Radishes (Inc'l Daikon)			
Rhubarb			
Rutabaga			
Shallots			
Spinach			
Sprouts			
Squash/Winter			
Squash/Summer			
Sweet Corn			
Sweet Potatoes			
Swiss Chard			
Tomatillos			
Tomatoes			
Turnip			