

Gallatin City-County Health Department

Environmental Health Services 215 W. Mendenhall Rm 108 Bozeman, MT 59715-3478 (406) 582-3120 • FAX (406) 582-3128

www.gallatin.mt.gov/health



Farmers Market and Bake Sales



Guideline and Application

Farmers Market A roadside stand owned and operated by a farmer, or an organized market authorized by

the appropriate municipal or county authority. MCA 50-50-102(5)

Bake Sale Baked goods and preserves may be sold by <u>non-profit</u> organizations.

MCA 50-50-103(2)

Allergens Ingredient lists are required for each food item sold. Label all products with ingredients

either individually, by the package or have a placard visible with each product. This allows

consumers to identify potential allergens.

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Farmers Market OR Bake Sales	Farmers Market ONLY		
Baked Goods	Preserves - Jellies and Jams		
 Breads, cakes, candies, cookies, pastries, and fruit pies All bakery items must have a final bake step, i.e. baked in an oven 	Processed fruit or berry jams, jellies, compotes, fruit butters, marmalades, chutneys, fruit aspics, fruit syrups		
Frosting	Raw & Unprocessed Farm Products		
 Commercially prepared frostings ONLY Cream cheese in commercial single service packages may be provided as a condiment refrigerated under 41° 	Fruits, vegetables, and grains in a natural state that are not packaged		
Beverages/Hot Coffee and Tea	Farm Fresh Eggs		
 Commercially packaged beverages Commercially prepared coffees and teas only All condiments for tea and coffee must be provided in commercial single service packages Liquid creamer is required to be ultra pasteurized, no refrigeration required 	 Eggs may be sold only if the eggs are from the vendor's own farm/hens: The cartons are required to be clean & labeled "FARM FRESH EGGS" with the producer's name and mailing address Eggs are required to be clean and stored in coolers with a temperature of 41°F or below 		

If you want to sell any items that are not listed above you must contact GCCHD at (406) 582-3120 regarding licensing requirements.

Items that are not permitted to be sold at Farmers Market & Bake Sale (not all inclusive)

- Honey
- Milk products
- Mushrooms

- · Homemade herb vinegar, oils, pickles, sauerkraut, etc
- Non-commercially prepared frostings
- NO soft candies or caramels
- Rice crispy bars, chewy granola, cheesecakes, or cream pies
- Preserves tomatoes or food products containing tomatoes; or any other food substrate or product preserved by any method
- Fruits, vegetables or grains that are cooked; canned; preserved, except for drying; combined with other food products, peeled, diced, cut, blanched, or otherwise processed
- · Bakery items can not contain cream, cream cheese, or egg based fillings



Safe Food Handling Requirements **Hand Washing** Handwashing facilities must be provided if vendors handle Do NOT prepare or serve food if you are sick food that is not prepackaged or have been diagnosed with a communicable disease. Serving or A temporary handwashing facility must include: preparing food while sick can spread illness to others ☐ Warm potable water from a free flowing source (i.e. Igloo cooler with spigot) As the food vendor, you must ensure that all participants at your booth are in good health ■ Soap and free of any contagious illness ■ Wastewater catch basin Bare hand contact with food must be ☐ Single service towels minimized with the use of single use gloves, deli tissues, or utensils All items must be covered or individually wrapped |

Farmers Market / Bake Sale Application

□ Farmers Market - Calendar Year	□ Bake Sa	ile - Date(s)	
 Approval is valid for <u>January through December</u> Approval is for ANY Farmers Market in Gallatin 	Name of Organization I certify that this is a non-profit organization.		
 You must contact the coordinator of the farmers market for approval to sell at their market 			
Name of Applicant	Phone #		
Mailing Address			
Address	City	State	Zip
Proposed item(s)			
I agree to comply with the rules and sell only those food ite Health Department (GCCHD). I fully understand that any of from the GCCHD may void this approval.			
Applicant's Signature	Date		
Use like Dan autorant Octobrants			
Health Department Comments			
Keep a copy of this approval	on-site during th	ne event	
Environmental Health Specialist	Da	ate	
			Revised 04/08/14