

***Meat, Poultry, Rabbit & Aquatic Foods (MPRAF) Application  
Variance for Farmers' Market Permit***

Variance for Farmers' Market – NO FEE \_\_\_\_\_ Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Name of Fishing Vessel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone number \_\_\_\_\_

**Product Information**

MPRAF products currently approved include Pre-packaged Frozen MPRAF Products, Fresh Aquatic Foods Products (not pre-packaged), and Processed Aquatic Foods.

Type of MPRAF products offered for sale \_\_\_\_\_

Facility MPRAF products were processed or pre-packaged \_\_\_\_\_

Storage facility used for holding MPRAF products \_\_\_\_\_

**Note: All meat items must be processed in a U.S.D.A. inspected facility, except rabbit, game fowl, and some poultry products.**

**Equipment Information**

Type of refrigeration to be used:  
Mechanical (type – electric or propane) \_\_\_\_\_

Non-Mechanical, list brand name of cooler \_\_\_\_\_

Ice source or brand of gel ice for cooler use \_\_\_\_\_

Type of storage containers used for transport and dispensing \_\_\_\_\_

Type of overhead cover to be used \_\_\_\_\_

Where will your equipment be cleaned and sanitized \_\_\_\_\_

**Scheduling**

List the Farmer's Market(s) location(s) on the attached scheduling on page 3.

**Owner/Operator Information**

Food worker card permit number(s) \_\_\_\_\_

I request approval of this Variance for Farmers' Market permit application. I also agree to adhere to any additional conditions for approval. I understand that failure to comply with the approved conditions and/or terms of this Variance for Farmers' Market permit are grounds for permit suspension.

\_\_\_\_\_  
 Owner (print name)

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Owner (print name)

\_\_\_\_\_  
 Owner Signature

Variance for Farmers' Market accepted \_\_\_\_\_ Date \_\_\_\_\_

Conditions for approval: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Variance for Farmers' Market denied \_\_\_\_\_ Date \_\_\_\_\_

Comments/reasons denied: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If you disagree with this decision, you may appeal in writing to the  
 Environmental Health Division Director*

**District Health Centers**

**ALDER SQUARE**  
 Environmental Health  
 1404 Central Ave. S, Ste 101  
 Kent, WA 98032  
 (206) 296-4708

**NORTHSHORE**  
 Environmental Health  
 10808 NE 145<sup>th</sup> St.  
 Bothell, WA 98011  
 (206) 296-979

**DOWNTOWN**  
 Environmental Health  
 401- 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 (206) 296-4632

***Farmers Market Scheduling***

Farmers' Market Name \_\_\_\_\_ Location/City \_\_\_\_\_

Days and hours in operation \_\_\_\_\_ Market Coordinator \_\_\_\_\_

Farmers' Market Name \_\_\_\_\_ Location/City \_\_\_\_\_

Days and hours in operation \_\_\_\_\_ Market Coordinator \_\_\_\_\_

Farmers' Market Name \_\_\_\_\_ Location/City \_\_\_\_\_

Days and hours in operation \_\_\_\_\_ Market Coordinator \_\_\_\_\_

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Farmers' Market Name \_\_\_\_\_ Location/City \_\_\_\_\_

Days and hours in operation \_\_\_\_\_ Market Coordinator \_\_\_\_\_