

# Farmer's Market Guidelines and FAQ'S



*Helping you navigate through Farmer's Market guidelines,  
FAQ's, and knowing when registration is required.*



# Farmer's Market FAQ's:

## What's the legal definition of a Farmers' Market?

A farm premises, a food stand owned and operated by a farmer, or an organized market authorized by the appropriate municipal or county authority under 7-21-3301 MCA.

## What are the registration requirements?

A market manager is required to keep and have available all registration records for all people and organizations that serve or sell food and beverages at the market, except those that have an approved food license or Cottage Food Registration. A registration is required and must include the information included in the application. Which is why you are required to have available the approved registration at every Farmers' Market you attend.

## What foods can be approved to sell at Farmers' Markets?

In general, foods sold at Farmers' Markets must be potentially non-hazardous, specifically exempt, or approved and licensed as a retail food establishment. Below is a list of food items that may be approved, please note this is not an all-inclusive list and you must be specific on what items you intend to sell on your application :

### Non-Potentially Hazardous Foods

- Loaf breads, rolls, biscuits, quick breads, and muffins that do not contain meat or cheese
- Cakes
- Pastries or scones
- Cookies or pastry bars
- Crackers
- Recombining and packaging of dry herbs, or mixtures (dry soup, teas, coffees, spice seasonings)
- Dried fruits
- Fruit jams, jellies and fruit butters
- Rice crispy bars (traditional recipe only)
- Popped popcorn, popcorn balls, or cotton candy
- Nuts and nut mixes
- Snack mixes
- Fruit pies (no custard style pies, unbaked pies with fruit, or pies that require refrigeration after baking)
- Cereals, trail mixes or baked granola
- Molded chocolate using commercial chocolate melts
- Fudge, candies or confections that require a cook step and do not require refrigeration after cooking
- Commercially processed frosting
- Frostings made using an approved recipe

### Specifically Exempt (selling these foods elsewhere may require licensure)

- Raw Honey
- Whole shell eggs that are clean, free of cracks, and stored in clean cartons at  $\leq 45^{\circ}\text{F}$ , labeled with producers name, address and phone number
- Hot coffee or hot tea, without fresh milk or cream
- Whole fruits, vegetables and grains that have NOT been: cooked; canned; preserved except for drying; combined with other food products; or peeled, diced, cut, blanched, or otherwise subjected to value added process

## What items cannot be sold at Farmers' Markets?

While not an exhaustive list you may not sell the following without a food license or other retail market license: wild mushrooms, salsa, pickles, salad dressing, unapproved home prepared frostings, soft candies or caramels, dairy products, processed poultry/meats, cream puffs, cream pies, pumpkin pies, custard pies, or cream or pudding filled pastries, cheesecakes, cheese breads or bakery items with cheese or egg-based fillings. You may not sell food products with CBD oil. CBD oil is not allowed in food or dietary supplements by Montana law regardless of the Cannabis source, industrial hemp or otherwise.

## What are the labeling requirements?

If products are packaged they must be labeled. Below is an example of the information that needs to be on the label.

This is the only statement that must be in size 11 font

MADE IN A HOME KITCHEN THAT IS NOT SUBJECT TO RETAIL FOOD ESTABLISHMENT REGULATIONS OR INSPECTIONS

Chocolate Chip Cookies ← Name of food product

Net quantity, weight, count, or volume → Net Wt. 8oz (227g)

Ingredients listed from highest to lowest weight, must also include sub-ingredients

Ingredients: Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid). Butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), soy lecithin as an emulsifier), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.

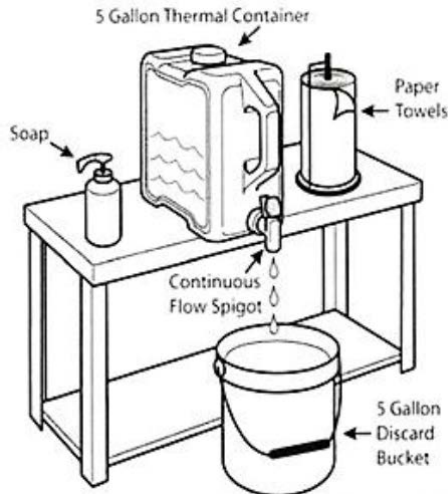
Contains: Wheat, eggs, milk, soy, walnuts.

Name, address, city, state, and zip code or the producer

Ashley Bryant  
2550 Helena Lane  
Helena, MT  
59620

Allergens must be listed as shown. Allergens include; wheat, eggs, milk, soy, peanuts, tree nuts (almonds, pecan, walnuts, etc)

## If I am handling food that is not prepackaged, what must I provide for handwashing?



For food safety purposes, a temporary hand washing station must be available and must include warm potable water, soap, disposable towels, and either a gravity fed water spigot that can continuously flow into a bucket (no push button), or a self-contained portable unit with warm potable water and a holding tank.

## What other food safety considerations am I responsible for as a food and beverage vendor?

Please do not prepare or serve food if you are sick or have been diagnosed with a contagious disease. Serving or preparing food while sick can spread illness to others. You must ensure that all participants at your booth are in good health also. Bare hand contact with food that is ready to eat is not allowed. Please use single use gloves, tongs, deli tissues or other utensils.

## What do I do next?

Complete the required *Farmers' Market Registration Application* and submit to GCCHD Environmental Health for review. If approved, please retain a copy of the registration for your records and have it available for sanitarian review at every Farmers' Market you attend. Good luck, and happy selling.



# Farmers' Market Application

Gallatin City-County Health Department  
Environmental Health Services  
215 W. Mendenhall Street, Bozeman, MT 57915  
(406) 582-3120 [ehs@gallatin.mt.gov](mailto:ehs@gallatin.mt.gov)

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**This application signed by the Local Health Authority will serve as your registration and MUST be available at each event location**

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*Please complete all information fields and the questionnaire below:*

## Section 1

APPLICANT INFORMATION	
Name of Applicant:	
Organization Name:	
Email Address:	Phone number:
Mailing Address (Street, City, State, Zip):	
Please list all Farmers' Markets that you plan to attend in Gallatin County this calendar year:	

List all proposed food and beverage item(s): (please use additional sheets if the space below is not adequate)

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*There may be no bare-hand contact with ready-to-eat foods.*

### Questionnaire:

- 1.) Will samples be offered?     Yes\*     No (If no, please move to section 2)
- a.) Will samples be pre-packaged/pre-portioned prior to event?     Yes     No

(Continued on next page)

b.) Will samples be portioned at the event?  Yes\*  No

*\*If any food handling is done at the even location, a Temporary Hand Washing Station MUST be available. If minimal food handling, ask your local Sanitarian for approval to use chemically treated towelettes (ARM 5-203.11)*

## Section 2

Please initial next to each of the following statements:

\_\_\_\_\_ I have included example labels in this application for each packaged food product I intend on selling at Farmers' Markets.

\_\_\_\_\_ I understand a hand washing station must be provided at event if I will be doing any food handling.

Choose one:

Gravity fed, continuous flow spigot (no push button) with potable warm water, bucket, towels, and soap.

Self-contained, portable unit with potable warm water, holding tank, bucket, towels and soap.

\_\_\_\_\_ I have made myself familiar with Farmers' Market rules.

\_\_\_\_\_ I agree to comply with the rules and sell only those food items that have been approved by the Gallatin City-County Health Department (GCCHD).

\_\_\_\_\_ I fully understand that any deviation from the above list without prior permission from the GCCHD may void this approval.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Keep a copy of this registration on-site during event**

- ✓ Valid January through December
- ✓ Authorized for any Farmers' Markets in Gallatin County
- ✓ You must contact the appropriate coordinator for approval to sell at their market

(The section below to be completed by the Health Department)

**Approved** Calendar Year: \_\_\_\_\_

**Not Approved**

Comments and/or reason for denial

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\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date