

Farmers Market Food Product Sampling Handler Certificate Application

Full legal name _____

Address _____

City _____ State _____ Zip code _____ Phone _____

E-mail _____ Social Security Number _____

*Choose one and submit all listed required documentation:

<p>If you do NOT possess a valid Illinois Food Service Sanitation Manager Certification (FSSMC)</p> <ul style="list-style-type: none"><input type="checkbox"/> Submit this completed application.<input type="checkbox"/> Copy of valid ANSI* accredited or other approved food handler training certificate.<input type="checkbox"/> Proof of completion of Department <i>Farmers Market Food Sampling Handler Training</i>.<input type="checkbox"/> \$40.00 certificate fee (non- refundable) via check or money order to address below. <p><small>*American National Standards Institute</small></p>

<p>If you do possess a valid Illinois Food Service Sanitation Manager Certification (FSSMC)</p> <ul style="list-style-type: none"><input type="checkbox"/> Submit this completed application.<input type="checkbox"/> Copy of valid Illinois Food Service Sanitation Manager Certification (FSSMC)<input type="checkbox"/> \$10.00 certificate fee (non-refundable) via check or money order to address below.

_____ I acknowledge that I have downloaded and reviewed the Pre-Opening and Self-Inspection Checklist and Farmers Market Food Product Sampling Handler Guide.

Child Support Declaration

Under Illinois law, you must select one of the choices below regarding child support and sign the declaration. The Illinois Department of Public Health will be unable to process your application until a completed statement is provided. This information is required of ALL applicants, regardless of whether the applicant has ever been ordered to pay child support. If issues of court-ordered child support do not apply to you, answer "NO."

Making a false statement shall subject the applicant to contempt of court {5 ILCS 100/10-65(c)}.

Are you more than 30 days delinquent in complying with a child support order?

YES

NO

Signature _____ Date _____

Questions: dph.food@illinois.gov or 217-785-2439

Submit application, documentation, check or money order (payable to IDPH) and mail to:

Illinois Department of Public Health (IDPH)
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761