



SWAP MEET WRITTEN OPERATIONAL PROCEDURES

OWNER NAME (PRINT):	(SIGN):
NAME OF BUSINESS (DBA):	
NAME AND LOCATION OF SWAP MEET:	
DAYS AND HOURS OF OPERATION:	
DATE OF SUBMITTAL:	

Before a swap meet permit can be issued, this form must be completed and returned to the Environmental Health office for approval. The operating procedures will be reviewed by the enforcement officer. Once approved, a swap meet permit will be issued. An approved copy of this form must be kept onsite during the period of operation. **Any change to this form, the food items sold, or any change in equipment will require prior approval by this Department.** Use additional paper if necessary.

1. List all of the foods you will be selling. Include all types of packaged food and bottled or canned drinks. *Foods sold from a swap meet table must be pre-packaged, non-potentially hazardous and have an approved label from the packaging facility. No foods may be prepared, wrapped, packaged or stored at home. Food and drink may not be opened prior to sale.*

NO FOOD PREPARATION ALLOWED UNDER A SWAP MEET PERMIT.

2. Where will you purchase each of these foods? Where will you keep the invoices and receipts?

3. How will these food and drink items be displayed for sale and where will back-up stock be stored?

4. Will you be using ice to keep beverages cold? Where will you store the ice? How will you discard the melted ice?

5. Besides the table, will there be any other equipment used in this operation?

6. All food equipment, including the table, must be maintained clean during the hours of operation. How will the table and other equipment listed above be cleaned?

7. Where are the restrooms that you or your employees will use?

8. An identification sign must be posted at the swap meet booth during hours of operation. The sign must be durable, legible and clearly visible to the customers. The lettering on the sign must be of a contrasting color to the sign's background. The sign should include the following information:

Name of Business (minimum 3" lettering)
City, State, and Zip Code (minimum 1" lettering)
Name of Operator (minimum 1" lettering)

FOR OFFICE USE ONLY

Approved By: _____ Date: _____