

ENVIRONMENTAL HEALTH SERVICES DIVISION

P.O. BOX 142529 Austin, TX 78714

Phone (512) 978-0300 Customer Portal: <https://myhealthdepartment.com/aph>
<http://www.austintexas.gov/ehsd>

in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Central Preparation Facility (CPF) Contract

The intention of this document is to verify that an agreement exists between the operator of the Farmers Market Booth and the operator of the CPF which allow the Farmers Market Booth operator to utilize the CPF facilities in a manner consistent with all Austin Public Health rules, regulations and guidelines. Under the terms of this agreement the operator of the CPF must adhere to the following:

- Allow for all food storage, equipment/utensil storage, supply storage and wastewater disposal at the CPF.
- **Ensure that no food preparation occurs at the CPF unless the Farmers Market Booth Business Owner holds a separate and valid Food Establishment permit at the CPF location.**
- Maintain a current and valid food establishment permit.
- **Eggs Only Instructions – Complete this top portion of this form with information of Farm location or source of eggs.**

I _____ have read and understand the items of responsibility listed
CPF Owner / Responsible Party (Print)

above and agree to comply with all of the requirements. I give permission to _____
Farmers Market Business Owner (Print)

of _____ to use my establishment, _____
Farmers Market Booth Business Name (Print) Name of CPF (Print)

located at _____ as a CPF for the Farmers Market Booth Business Owner.
Address of CPF (Print)

I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

CPF Owner Phone: _____
(###) ### - ####

NOTARY VERIFICATION

Required unless the Farmers Market Booth Business Owner owns the Central Preparation Facility

To be signed in the presence of the Notary after completion of form.

Signature: _____ Date: _____
Signature of Central Prep Facility Owner or Responsible Party MM/DD/YYYY

Before me on this date, _____, personally appeared, _____,
MM/DD/YYYY Central Preparation Facility Owner or Responsible Party (Print)

owner or responsible party of, _____, known to me (or proven to me) to
Name of Central Preparation Facility Establishment (Print)

be the person whose name is subscribed to the above "Central Preparation Facility Contract."

Name of Notary: _____ Expiration: _____
Name of Notary Public, State of Texas (Print) Notary Commission Expires (MM/DD/YYYY)

Notary Signature: _____ Notary Seal: _____
Ink Stamp Only