

# Farmers Market Application

*Application must be submitted at least 30 days before the planned opening date  
Permit Fee \$75.00 for non-commercial kitchens \$35.00 for commercial kitchens*

1) Establishment Name:							
2) Establishment Address:							
3) Establishment Mailing Address (if different):							
4) Establishment Telephone No:							
5) Applicant Name & Title & email:							
6) Applicant Address:							
7) Applicant Telephone No:	24 Hour Emergency No:						
8) Owner Name & Title (if different from applicant):							
9) Owner Address (if different from applicant):							
10) Establishment Owned By: <input type="checkbox"/> <b>An association</b> <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title	Home Address			
Name	Title	Home Address					
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)							
Name & Title:							
Address:							
Telephone No:	Fax:						
Emergency Telephone No:							
13) District Or Regional Supervisor (if applicable)							
Name & Title:							
Address:							
Telephone No:	Fax:						

14) Water Source: DEP Public Water Supply No: ( if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/12/2001 in accordance with 105CMR590.003 (A) Please attach copy of certificate</i>			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="radio"/> Yes <input type="radio"/> No			
20) Location: (check one)  <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type (check all that apply)  <input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service-(_____ Seats) <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Food Service- Institution (_____Meals/Day)  <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: (check one)  <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		Other (Describe)	
23) Food Operations: <b>(check all that apply):</b>		<i>Definitions: PHF- potentially hazardous food (time/temperature controls required)          Non-PHF- non-potentially hazardous food (no time/temperature controls required)          RTE- ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
<input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<i>To be completed by the Board of Health</i>  Total Permit Fee: Payments due with application:	
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food		

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105CMR 590.000 and all other applicable law. I have been instructed by the board of health on how-to obtain copies of 105CMR 590.000 and the federal Food Code.

24) Signature of Applicant: \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Please attach a proposed menu and the specifications on transport, storing, heating, cooling, serving