

HEALTH DEPARTMENT

BOARD OF HEALTH

PATRICIA L. ANDRADE, M.D. CRAIG LONGO, M.D. SARAH MORRIS, M.D.

DIRECTOR OF HEALTH DAMON O. CHAPLIN

APPLICATION FOR A SEASONAL RETAIL FOOD ESTABLISHMENT PERMIT Winter Farmer's Market Application – November 1- May 31/ Permit Fee: \$50.00

Call (508) 991-6199 if you need assistance

Name o	of Establishment/Business	Operator			Contact Telephone/Email								
LOCATI	ON	Start Date			Hours of Operation								
Operate	or Mailing Address												
	II all whole produce be sold at the	booth? Y	N										
	Retail Food items:												
	Attach a list of all food items to be		٠.	,									
-	Attach a copy of the *commercial	•							are prod	uced.			
•	*Name of person holding a Certific		_		_		s irainii	ng:					
*For C	COOKING DEMONSTRATIONS O	(Please prov	ide a co	py or the ce	runcat	es)							
3 A*)	Attach a menu of all items to be		d Δριν	hanges to t	ho mor	au muc	t ho cub	mittad an	d appro	wod by			
3 A' J	the Health Department/Board of					iu iiius	t be sub	iiiitteu aii	iu appic	oved by			
3 B*)	*Name of person holding a Certi					waren	oss Trai	ning:					
36,	Name of person holding a cert	(Please prov		_	_		css man	6.					
3 C*)	Will all foods be prepared at the		iac a co	py or the co	.i tilleat	CSJ							
,	If YES - Please fill out on		٧.										
	* If NO - Please fill out S												
	*Please <u>attach a copy</u> of	f the current food e	stablish	ment permi	t for th	e comn	nercial k	itchen us	ed.				
Sectio	on A- At the booth:			-									
FOO	OD:	Whole Fresh		Cut /	Cook	Cool	<u>Cold</u>	Reheat	<u>Hot</u>	Portion			
		Produce	Thaw	<u>Assemble</u>			<u>Hold</u>		<u>Hold</u>	Pkg.			
1)													
2)													
3)													
4)													
5)													
6)													
	tion D. At the Commercial Kitch												
	tion B- At the Commercial Kitch	Whole Fresh		Cut /	Cook	Cool	Cold	Reheat	Hot	Portion			
FOO	<u> </u>	Produce	Thaw	Assemble	COOK	<u>C001</u>	Hold	Kelleat	Hold	Pkg.			
1)													
1)													
2)													
3)													
4)													
5)													
6)													

5) I	Food So	ource	(s):																			—
Water/ Ice Source:																						
Wastewater Storage:																						
							Disposal:															
A- E was rece	PLAN RE Below, of Sh facili Peptacle Describe	draw ity, di , etc.	a ske sh wa (<u>**N</u>	ash f IOTE	acili – A	ty, *	*ran <u>en fl</u>	ges, ame	ovei s rec	ns, re quire	efrigo a ce	erato ertifio	ors, v cate	vork from	table Fire	es, fo	od s ot.)	tora	ge, t			d
																						+
																					<u> </u>	<u> </u>
																						-
																						\vdash
																						1
																						1
																						_
																						+
	ARD OF																D	ATE:				
Individual Social Security # :									_ or	FEIN	#:											