

**TOWN OF WESTWOOD
WESTWOOD BOARD OF HEALTH
APPLICATION FOR FARMER'S MARKET PERMIT
Deadline for paper work submittal June 3, 2016**

Date _____

Name of Establishment

Operator

Operator Mailing Address

Operator On-Site

Date(s) of Event/Hours of Operation

Operator Telephone Number: _____ Emergency Number: _____

Email: _____

- List all foods and beverages that will be sold at the Farmer's Market. Only licensed businesses with a base of operations and the proper permits and certifications will be allowed at the Farmer's Market (unless exempted*)
- Provide copies of your current food permit, Food Manager and Allergen Awareness certificates as well as Worker's Compensation Affidavit and Insurance Declaration Page

Food Items (attach separate list if needed)
1.
2.
3.
4.
5.
6.
7.

*Exemptions include fresh uncut fruits and vegetables, maple syrup, unprocessed honey, farm fresh eggs and licensed farm-wineries

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Food source(s) including water and ice (establishment name and location)

Describe on-site storage (food, food equipment and single serve items)

Describe transportation of above (cambros or coolers)

Describe temperature control methods (if applicable)

Type of sanitizer used Test papers on-site? _____ Yes _____ No

Describe proposed restroom and hand wash facilities, (type, location, number)

Will electricity be provided to food booths? _____ Yes _____ No

Describe wastewater disposal (dispose of hand sink wastewater in catch basin)

Describe trash/garbage disposal

By providing this information, you will assist in identifying potential public health problems that may occur during your event. Solving these problems in advance provides the opportunity for a successful and smooth operation.

I certify that I am familiar with 105 CMR 590.000 of the State Sanitary Code, Chapter X; Minimum Requirements for Food Establishments and the 1999 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

Pursuant to MGL 62C, Section 40A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed State Tax returns and paid State Taxes required under law.

Signature

Federal ID/Social Security Number

Please enclose all required paperwork and payment in the amount of \$50.00.
Fees are non-refundable. Checks made payable to: Town of Westwood.