



Boston Inspectional Services Department  
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## FARMERS MARKET APPLICATION

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL ADDRESS:  
\_\_\_\_\_

NAME OF MARKET LOCATION: \_\_\_\_\_

MARKET COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DATE/TIME OF MARKET OPERATION: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

### **ONLY NO TRANS FAT FOODS CAN BE SERVED** (Effective 9/13/08)

LIST ALL PRODUCTS THAT WILL BE SERVED OR SOLD AND THE PERMITTED LOCATION(S) WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED

<u>FOOD/BEVERAGE</u>	<u>PERMITTING AGENCY</u>	<u>ESTABLISHMENT ADDRESS</u>	<u>PERMIT #</u>
1			
2			
3			
4			
5			
6			

Check if farmers offering foods listed are exempt. Whole uncut fruits and vegetables do not require a permit.

**-OVER-**

**PREPARATION FACILITIES FOR FOOD SAMPLING:**

ON SITE: YES \_\_\_ NO \_\_\_ N/A, \_\_\_ IF YES, DESCRIBE FACILITIES AND EQUIPMENT: \_\_\_\_\_

\_\_\_\_\_

OFF SITE: YES \_\_\_\_, IF YES, WHERE? \_\_\_\_\_

TYPE AND LOCATION OF HANDWASHING FACILITIES: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE WAREWASHING FACILITIES FOR CLEANING UTENSILS AND EQUIPMENT: \_\_\_\_\_

\_\_\_\_\_

LOCATION OF TOILET FACILITIES: \_\_\_\_\_

**PERSONNEL**

HAIR RESTRAINTS PROVIDED: YES \_\_\_\_\_ NO \_\_\_\_\_

DISPOSABLE GLOVES PROVIDED: YES \_\_\_\_\_ NO \_\_\_\_\_

**FOOD TEMPERATURE CONTROL:**

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140<sup>o</sup>F OR ABOVE), OR COLD (41<sup>o</sup>F OR BELOW): \_\_\_\_\_

\_\_\_\_\_

**FOOD PROTECTION:**

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: \_\_\_\_\_

\_\_\_\_\_

**GARBAGE AND RUBBISH:**

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: \_\_\_\_\_

\_\_\_\_\_

**PROVISOS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_