



Boston Inspectional Services Department  
 Division of Health Inspections  
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[www.cityofboston.gov/isd/health](http://www.cityofboston.gov/isd/health)

**FARMERS MARKET APPLICATION**

NAME OF BUSINESS (D/B/A) \_\_\_\_\_

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

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: \_\_\_\_\_

FEDERAL TAX I.D. NUMBER \_\_\_\_\_

**ONLY "NO TRANS FAT FOODS" CAN BE SERVED**

**MEETS NEW ALLERGEN REQUIREMENTS / PROPER ALLERGEN LABEL(S)**

LIST ALL PRODUCTS THAT WILL SOLD AND THE LICENSED FACILITIES WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED. MUST BE AN APPROVED SOURCE.

FOOD/BEVERAGE                      LICENSING AGENCY                      ESTABLISHMENT ADDRESS                      PERMIT #

1			
2			
3			
4			
5			
6			

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

**FOOD SAMPLING: (REQUIRES PRE-APPROVAL)**

LIST TYPE OF FOOD: \_\_\_\_\_  
\_\_\_\_\_

LIST TYPE OF UTENSILS AND EQUIPMENT FOR FOOD SAMPLING: \_\_\_\_\_  
\_\_\_\_\_

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

**PROCESSED FOODS PROPERLY PACKAGED AND LABELED:** YES \_\_\_\_ NO \_\_\_\_

FOR FOODS SOLD BY WEIGHT – SCALES SEALED: YES \_\_\_\_ NO \_\_\_\_

**PERSONNEL**

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

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

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

**FOOD TEMPERATURE CONTROL: (For Cold Potentially Hazardous (PHF) Ready to Eat Foods)**

MECHANICAL REFRIGERATION REQUIRED FOR MAINTAINING FOODS FROZEN OR REFRIGERATED  
AT OR BELOW 41° F:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD PROTECTION:**

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION:

\_\_\_\_\_  
\_\_\_\_\_

**GARBAGE AND RUBBISH:**

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

**LOCATION OF RESTROOM FACILITIES:**

\_\_\_\_\_

**PROVISOS: Requires approval with the Health Division for non- mechanical refrigeration**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEE \$100. \_\_\_\_ paid \_\_\_\_ not paid \_\_\_\_ exempt