Boston Inspectional Services Department
Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
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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 (Effective 9/13/08)

LIST ALL PRODUCTS THAT WILL SOLD AND THE LICENSED FACILITIES WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED

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**

-OVER-

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 AT OR BELOW 41° F:

_____

_____

_____

FOOD PROTECTION:

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION:

_____

_____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

_____

PROVISOS: _____

_____

_____

_____

_____

(3/16/10)