



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

**Town of Truro**

**Farmers Market Whole Farm Product Registration Form**

PART I - TO BE FILLED IN BY APPLICANT

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: Days: ( ) \_\_\_\_\_ Evenings: ( ) \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Product to be sold at the Market:**

Eggs (must be stored and maintained at 45°F (7.2°C))

Whole Produce (vegetables/fruits) Please specify: \_\_\_\_\_

Unprocessed honey

Maple Syrup

Micro Greens

*I agree to adhere to the Board of Health Farmer's Market Policy and Conditions for Farmer's Market Food Vendors*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

***Board of Health Comments or Conditions:***

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

Approved \_\_\_\_ Not Approved \_\_\_\_

\_\_\_\_\_  
BOH or Health Agent Date