



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