



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

Town of Truro
Farmers Market Retail Food Permit Application

PART I - TO BE FILLED IN BY APPLICANT

Applicant: *(check one)* New Renewal **Date:** _____ **FEE: \$10.00**

Name of Business: _____

Address: _____

Authorized Representative **Name:** _____

or Contact **Address:** _____

Telephone **Days:** () **Evenings:** () _____

Fax: _____ **email:** _____

FOODS TO BE SOLD/SERVED AT FARMERS MARKET

- Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries).** Cream filled pastries, cheese cake or custard type pastries prohibited.
- Seed sprouts**
- Jams or Jellies**
- Shellfish: Lobster, Crab, Oysters, Clams**
- Finfish**
- Vinegar with or without herbs**
- Dairy: Milk or milk products such as cheese.**
- Meat or Poultry (processed in a federal/state licensed inspected facility)**
- Other:** _____

PART A: FOOD SAMPLING/COOKING DEMONSTRATIONS

FOOD	Cut/Assemble	Method of Cooking	Cold Holding	Hot Holding	Portion
1					
2					
3					
4					
5					
6					
7					
8					
9					

PART B:

BASE OF OPERATION

- Foods prepared/processed at a Truro licensed facility. Name of licensed facility: _____
- Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.

I agree to any conditions specified by the Board of Health, Board of Health Farmer’s Market Policy, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code.

PLEASE ATTACH COPY OF YOUR FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS TRAINING CERTIFICATE WITH THIS APPLICATION

APPLICANT’S SIGNATURE

DATE

PART II – MARKET MANAGER APPROVAL

As the Market Manager for the Truro Farmer’s Market, I have authorized the applicant to participate as a vendor.

Market Manager Signature

Date

PART III - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date