



SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

Town of Truro Farmers Market/Ag Fair/Temporary Food Service Permit

Applicant (check one) private individual, organization or business non-profit organization
[must attach copy of Form 501(3)(c)]

Name of Business/Organization: _____

Address: _____

Authorized Representative or Contact:

Name: _____ Email: _____

Address: _____

Telephone Days: () Evenings: () Fax _____

Requested Location/Facility _____

Requested Dates _____

Requested Times _____ Rain Dates/Times (Must be completed) _____

Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?

____ YES _____ NO

FARMERS MARKET: FOODS TO BE SOLD/SERVED

Foods to be Sold/Served

- 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: _____

Food Sampling: Y or N If yes, attach sampling protocol.

Base of Operations

- 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 _____

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

AGRICULTURAL FAIR/TEMPORARY FOOD SERVICE

Menu: Attach or list all items. Any changes must be submitted and approved by the Health Department prior to the event.

Organizations Conducting Food Preparation:

List Names of all staff with a Food Manager Certification: (non-profit organizations, school events, church suppers and fairs exempt).

- 1. _____ Exp. Date: ____ / ____ / ____
- 2. _____ Exp. Date: ____ / ____ / ____

List Names of all staff with an Allergen Awareness Certification: (non-profit organizations, school events, church suppers and fairs exempt).

- 1. _____ Exp. Date: ____ / ____ / ____
- 2. _____ Exp. Date: ____ / ____ / ____

Base of Operation: (licensed fixed food establishment): _____

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Food Sampling: Y or N If yes, attach sampling protocol.

I agree to any conditions specified by the Board of Health, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations.

APPLICANT'S SIGNATURE _____

DATE _____

HEALTH DEPARTMENT APPROVAL

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date