

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____	DATE INSPECTED _____	APPROVED BY _____	PERMIT FEE: \$ _____	PERMIT ISSUED DATE: _____
			LATE FEE: \$ _____	DATE: _____
			TOTAL FEE = \$ _____	ID#: _____



**TOWN OF FAIRHAVEN
BOARD OF HEALTH**

40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4023 Ext. 125

Farmer's Market Permit Application



Public Health
Prevent. Promote. Protect.

Name of Business (DBA): _____
 Name of Owner: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail Address: _____
 Name of Market Location: _____
 Market Coordinator: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date & Time of Market Operation: _____
 Signature of Owner: _____
 Federal Tax I.D. Number or Social Security Number: _____

Payment is due with application

Allergen Requirements/Proper Allergen Label(s)

*List all products that will be sold and the licensed facilities where the food/beverages were purchased or produced.
Must be from an approved source.*

Food/Beverage	Licensing Agency	Establishment Address	Permit Number

CHECK IF FARMERS OFFERING FOODS LISTED ARE EXEMPT. WHOLE UNCUT FRUITS AND VEGETABLES DO NOT REQUIRE PERMIT.

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 are 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 frozen or refrigerated or below 41 degrees F:

FOOD PROTECTION:

Describe measures to protect food from contamination:

GARBAGE DISPOSAL:

Describe means for storage and disposal: _____

LOCATION OF RESTROOM FACILITIES:
