



TOWN OF WESTMINSTER
11 SOUTH STREET
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7460
BOARD OF HEALTH

Permit # _____

Farmer's Market Application

Fee \$ _____

All applicants must submit a completed application and accompanying documents as listed on page 2 **14 DAYS** prior to their first day at the Farmers Market.

Name of Applicant: _____

Vendor/Food Establishment Name: _____

Dates expected to be at Farmer's Market: _____

Name of certified Person-In-Charge (PIC): _____

PIC phone #: _____

PIC email address: _____

List of products to be sold at Farmer's Market: _____

Will you have samples? yes no

If yes, how will your sample station be set up?

How will foods be transported to the event? _____

How will food products be stored at event? _____

How will food products be handled and served? _____

How will sanitation be maintained at event? _____

****Egg-only vendors- please do not fill out Farmer's Market Application. Please sign and complete current Policy for selling eggs and submit to Agricultural Commission.**

Please attach the following documents, if applicable:

- Servsafe Certificate
 - Allergen Awareness Certificate
 - Current Local Board of Health Food Permit
 - A Commissary Note (if the vendor is not a Brick and Mortar Restaurant/ Residential Kitchen)
 - Hawker & Peddler License (if the vendor is serving out of a food truck)
 - Any state licenses (ice cream, processing meat, etc.)
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Payment for the application fee:

\$55.00 Payment for vendors featuring non-TCS food and TCS food for 6-month Farmer's Market period

No Charge Any temporary food establishment that is a non-profit organization. Must provide your 501C (3).

If you are a one-time vendor, please call the Health Department (978-874-7409) to discuss payment.

Paying by check? Please address any checks being mailed in to the Board of Health and make them out to the Town of Westminster

This application is null without the proper approval by the BOH

I agree to strictly follow food safety and sanitary procedures to prevent cross contamination and food-borne illnesses according to MDPH Food Code, 105 CMR 590 in its entirety.

Signature_____ Date_____

Send by mail or e-mail to the Westminster MA Food Inspector:

aconlin@westminster-ma.gov

Please visit Westminster-ma.gov and apply through the Agricultural Commission in order to be a part of the Farmer's Market if you have not already done so.