



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

Permit # _____

Fee: _____

Farmer's Market Application

**All applicants must submit a completed application and accompanying documents.
Applications must be submitted 14 DAYS prior to the first day vending.**

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:

\$60.00 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 of Owner: _____ Date: _____

Send applications by mail or email to the Westminster BOH.

Email contact: rarsenault@westminster-ma.gov

Sign off from the Town Treasurer indicates
the owner is not in violation of Town Bylaw
Chapter 131 Article 1:
