

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH – BOARD OF HEALTH
508-747-1620**

Farmers’ Market License

PLEASE SUBMIT AT LEAST 10 DAYS IN ADVANCE

\$25.00 License Fee for each Individual Market Location you participate in Seasonally.

MAKE CHECK PAYABLE TO: Town of Plymouth; RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360

APPLICATION FOR REGISTRATION by FARMER’S MARKET VENDOR

In accordance with the provisions of the Regulation promulgated under authority of Section 305-A of Chapter 94 of the General Laws of the Commonwealth of Massachusetts application for registration is hereby made by:

Legal Business Name (Corp., LLC, Etc) _____

DBA (if Different) _____

Business Address _____

Mailing Address _____

Phone _____ **Email Address: _____

Manager/Agent/Operator Name _____

VENDOR SELLS: _____

WHICH MARKET & LOCATION: _____

The Board of Health in Plymouth can not stress the importance of **HEALTH AND SANITATION** at any of the local Farmers’ Market locations. Any and all vendors selling processed and /or prepared food products such as Bread, Jelly, Pies, or any other ready to eat products **MUST** submit to the Plymouth Board of Health a copy of their current Residential, Commercial or Wholesale license. You must also supply a list of all ingredients and the package labels for review.

IN ADDITION, ALL APPLICANTS MUST PROVIDE A COPY OF THEIR FOOD SAFETY CERTIFICATE IF APPLICABLE AND THEIR ALLERGEN AWARENESS CERTIFICATION

All of the items for sale must be labeled and priced. All labels must show all of the ingredients, net weight, and maker.

NO PRODUCTS SHALL BE HANDLED WITHOUT GLOVES OR PAPER BARRIER AND MUST BE UNDER COVER.

(Signature)

*****Please provide your email address so we can send you your license copy!***