

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

**Farmers' Market License
PLEASE SUBMIT AT LEAST 10 DAYS IN ADVANCE**

NON FOOD - NO FEES:

License for each Individual Market Location you participate in Seasonally.

RETURN APPLICATION 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: _____

PLEASE SUPPLY COPIES OF FARM OWNERSHIP OR MANAGEMENT FOR YOUR LICENSING.

(Signature)

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