

**Town of Plymouth
Public Health Department**

26 Court Street Plymouth, MA 02360
Phone (508) 747-1620 x 10118 E-Mail publichealth@plymouth-ma.gov

Fee: \$50.00 per location

Check, Bank Check, or Money Order

Agriculturally exempt must provide documentation

FARMERS MARKET PERMIT APPLICATION

*Participants selling only fresh, uncut fruits and vegetables, unprocessed (raw) honey, farm fresh eggs (must be maintained at 45°F), and maple syrup **DO NOT need a farmers market or retail food establishment permit.**

*Any Farmers Market vendor selling any food product **other than those listed** above must apply for a Farmers Market Retail Food Establishment Permit. The permit shall be valid from January 1-December 31, and is not transferable.

PLEASE PRINT CLEARLY

APPLICANT NAME: _____ E-MAIL: _____

NAME OF BUSINESS (DBA): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE/MOBILE: _____

Which Farmer's Market? _____

Person In Charge [PIC]: The PIC is responsible for all market operations, must be at least 18 years old, and must be on site during market hours.

PIC Name: _____ Phone: _____

LIST ALL FOOD TO BE SOLD/SERVED: (attach menu or use an additional page for more space): _____

BASE OF OPERATION: Food prepared in the Town of Plymouth Food prepared outside of Plymouth
(MUST BE LICENSED) **(need copy of kitchen license and recent health inspection)**

PACKAGING: Will food be sold in packages, bottles or other containers: Yes – Attach sample labels No

TEMPERATURE CONTROL (Potentially Hazardous Foods [PHF] only)
Describe your method to keep cold foods at or below 41°F; hot foods at or above 140°F.

During transport: _____

At the Market: _____

How will the PIC monitor the PHF temperatures while at the market?

OPERATION: Disposable gloves provided: Yes No

Trash Removal: describe means for storage/disposal of garbage/rubbish at farmers market:

FOOD SAMPLING (fill out only if applicable) – Type of food/beverage samples: _____

(Samples are to be prepared, cut and packaged at the permitted food establishment/ licensed facility)

How will exposed foods be protected from consumers and pests?

Utensils/ equipment used to prepare/distribute samples at market: _____

Type/location of hand washing facilities: _____

- APPLICATION FEE - \$50 (Ag. Exempt – provide documentation)
- Check or money order payable to the **Town of Plymouth**
- PIC Food Protection Manager certificate
- Attach current kitchen license and recent health inspection
- Attach copy of all ingredients lists and product labels
- Attach Allergy Awareness training cert.,

SIGNATURE OF OWNER: _____ DATE: _____