



SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

## Town of Truro Farmers Market Truro Temporary Food Service Permit

Applicant (check one)  private individual, organization or business  non-profit organization  
[must attach copy of Form 501(3)(c)]

Name of Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative or Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Days: ( ) \_\_\_\_\_ Evenings: ( ) \_\_\_\_\_ Fax \_\_\_\_\_

Requested Location/Facility \_\_\_\_\_

Requested Dates \_\_\_\_\_

Requested Times \_\_\_\_\_ Rain Dates/Times (Must be completed) \_\_\_\_\_

### FARMERS MARKET: FOODS TO BE SOLD/SERVED

#### Foods to be Sold/Served

- Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries). Cream filled pastries, cheese cake or custard type pastries prohibited.
- Seed sprouts
- Jams or Jellies
- Shellfish: Lobster, Crab, Oysters, Clams
- Finfish
- Vinegar with or without herbs
- Dairy: Milk or milk products such as cheese.
- Meat or Poultry(processed in a federal/state licensed inspected facility)
- Other: \_\_\_\_\_

**Food Sampling:** Y or N If yes, attach sampling protocol.

#### Base of Operations

- Foods prepared/processed at a Truro licensed facility. Name of licensed facility: \_\_\_\_\_
- Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.



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## Town of Truro

*I agree to any conditions specified by the Board of Health, Board of Health Farmer's Market Policy, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code.*

PLEASE ATTACH COPY OF YOUR FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS TRAINING CERTIFICATE WITH THIS APPLICATION

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Market Manager Approval**

As the Market Manager for the Truro Farmer's Market, I have authorized the applicant to participate as a vendor. .

\_\_\_\_\_  
Market Manager Signature

\_\_\_\_\_  
Date

**HEALTH DEPARTMENT APPROVAL**

*Board of Health Comments or Conditions:*

\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
BOH or Health Agent

\_\_\_\_\_  
Date