

**City of Medford  
Board of Health  
85 George P. Hassett Dr.  
Medford, MA. 02155**

Tel#: (781) 393-2560

Fax: (781) 393-2562

**Application for a Permit to Operate at Farmers Market**

Include:     Application                             Application Fee of \$ 75.00 (Payable by Check Only)  
               Copy of Certified Food Manager Certificate    Copy of Propane Permit (Fire Prevention)

Type of Business:  Retail Food     Food Service     Caterer     Mobile Food\*

Dates Attending: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Name of Person In Charge: (must be certified) \_\_\_\_\_

**Owner**

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

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

Home Telephone: \_\_\_\_\_

**Manager**

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

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

Telephone #: \_\_\_\_\_

**\* Mobile Food Operators**

Is the truck necessary for food holding     Yes                     No

Do you have Propane?     Yes             No                    If yes, contact Fire Prevention 781-396-9831

If doing Business from a truck, Registration # \_\_\_\_\_

**General Information**

Water Source: \_\_\_\_\_

(If Commissary water or other -Source of Water)

Sewage Disposal: \_\_\_\_\_

Rubbish Removal:     City             Dumpster             Private Trash Hauling

If Dumpster or Private Hauling, include the name, address and telephone # of the Contractor.

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

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

Telephone #: \_\_\_\_\_

List Food Proposed at the Event: (Please describe in detail products to be served)

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**Food protection Methods to be used: (i.e. warming ovens, hand cleaning stations, etc.)**

Please describe hand washing station:

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Please describe methods to ensure refrigerated/freezer temperatures:

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Please describe methods to provide hot holding temperatures:

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I will maintain the establishment in compliance with all regulations, and in a clean and sanitary manner. Signed under the pains & penalties of perjury.

Pursuant to M.G.L., C. 62C, S. 49A, I certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property has been paid.

Signature of Applicant: \_\_\_\_\_

Signature of Owner, Manager, Corporate Officer or Agent \_\_\_\_\_

Social Security Number or Federal ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Per 105 CMR 590.000, US Dept. of Health and Human Service Food Code 1999 and Medford Board of Health Regulation 1 – Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.

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FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED

DATE INSPECTED

APPROVED BY

PERMIT # ISSUED