



**STONEHAM**  
 Board of Health - Health Department  
 35 CENTRAL STREET  
 STONEHAM, MA 02180

Tel: 781-279-2621  
 Fax: 781-507-2615

**FOR BOARD OF HEALTH USE ONLY:**  
 APPLICATION REC'D ON \_\_\_\_\_, 2021  
 PERMIT #. \_\_\_\_\_ REC'D BY \_\_\_\_\_

## Farmers' Market Permit Application

**1) Your Business Name:**

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**2) Establishment Address:**

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**3) Establishment Mailing Address (if different):**

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**4) Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

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**5) Email:**  
 (All correspondence will be sent via email)

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**6) Are you permitted in other towns/Farmers' Markets (please include copies of permits)?**

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**7) Permit valid: Weekly for Summer Farmers' Market and monthly for Winter Farmers' Market**

List Each Item and Check Which Preparation Procedure will occur:

**Section A: At the Approved Facility or Commissary**

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								

**Section B: At the Temporary Unit:**

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Food source(s)	
Source and storage of water/ice	
Storage and disposal of wastewater	
Storage and disposal of garbage	

***ATTACH THE BELOW WITH COMPLETED APPLICATION:***

- Menu
- If offering samples, please describe how you will display them (offer them)
- Workers compensation form
- Certified Food Manager Certificate
- Allergen Awareness Training Certificate
- Food Permit from City/Town of license

**I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105.CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 599.000 and the Federal Food Code.**

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