

Board of Health
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Winchester, MA 01890

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Jennifer Murphy, MPH, Director
Kathy Whittaker, RN, Public Health Nurse

**2020 Application to Operate Food Retail at Farmer's Market
\$50 Fee (for Temperature Control for Safety vendors only)**

Name of Food Retail Establishment: _____
(If you are a permitted food establishment in another Town/City, you MUST submit a copy of your permit.)

Address: _____

Name of Owner: _____

Establishment phone: _____ cell phone: _____

Email address: _____

Name of Farmer's Market Event: _____

Dates/Time of Event: _____

Location of Farmer's Market: _____

Name of representative from **YOUR establishment** in charge of **YOUR operation** at Farmer's Market:

Cell Phone # of Rep: _____

1. How will you keep cold foods cold (41°F or less)? _____

2. How will food be transported and appropriate food temperatures maintained? _____

3. Is the food:
a. Pre-packaged/wrapped: _____
b. Pre-weighed: _____
c. Labelled (including ingredients): _____

4. List all food and beverage items that will be offered (submit attachments if necessary):

Signature of Applicant: _____ Date: _____