



MONTAGUE HEALTH DEPARTMENT

ONE AVENUE A · TURNERS FALLS, MA 01376

TELEPHONE 413-863-3200 EXT 205 · FAX 413-863-3225

DANIEL WASIUK

DIRECTOR OF PUBLIC HEALTH

**FOR BOARD OF HEALTH
USE ONLY**

Date: _____
Amt. Received: _____
Cash/Check No: _____
Workers Comp Affidavit
Food Protection Manager
Allergy Certificate
Base of Operation

FARMERS MARKET PERMIT APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE

YEARLY MAY 1- NOVEMBER 1

Date: _____

Establishment Name: (dba): _____

Establishment Tel.#: _____

Establishment Address : _____

Applicant Name and Title: _____

Applicant Complete Address: _____

Applicant Phone #: _____

Applicant Email Address: _____

Products: _____

Type of Establishment	Fee	Required Documentation	Check Type of Market	TOTAL
Farmers' Market Permit (for Unadulterated Farm Products)	\$50.00	FOR wild mushrooms only- Provide/demonstrate knowledge		
Retail Food Farmers' Market Permit (for Processed Food Products)	\$50.00	As applicable: Food Protection Manager Certificate, Residential Kitchen Permit, FSE Permit (from each source if vending for multiple locations)		
Temporary Event at Farmers Market	\$50.00	As applicable: Food Protection Manager Certificate, Residential Kitchen Permit, FSE Permit (vendors who will do on site food preparation or processing)		

NOTE: As of October 2001, at least one Certified Food Manager is required for all food service operations which handle potentially hazardous foods (PHF's). **A COPY OF THE CERTIFICATE MUST BE SUBMITTED WITH EACH APPLICATION.**

Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Signature of Applicant: _____

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Montague Farmers Market Permit Requirements

Farmers Market Permit – Required for the sale of unadulterated farm products

Permit Fee - \$50.00

A farmer's market, As defined by the Massachusetts Department of Agricultural Resources in a "public market for the primary purpose of connecting and mutually benefiting Massachusetts farmers, communities, and shoppers while promoting and selling products grown and raised by participating farmers."

Products include:

- Fresh produce (fresh uncut fruits & vegetables)
- Unprocessed honey or jam (Raw honey as defined by the National Honey Board: Honey as it exists in the beehive or as obtained by extraction, settling, or straining without added heat.)
- Maple syrup
- Farm fresh eggs (must be stored and maintained at 45°F)
- Mushrooms (must provide/demonstrate knowledge)

Retail Food Farmers Market Permit – Required for the sale of processed food products

Permit Fee - \$50.00

If selling processed foods at a farmer's market, the majority of the food items must come from local farmers and manufactured in a licensed food processing facility, a licensed food establishment, or a licensed residential kitchen. Copies of residential kitchen permits, retail food establishment permits or food manufacturing licenses at which the food was prepared MUST be submitted along with the Farmers Market application and a copy of the Food Protection manager Certificate.

Temporary Event at Farmers Market Permit –Required for onsite food preparation

Permit Fee - \$50.00

Vendors who wish to do on-site food preparation, processing or preparing must obtain and comply with the Temporary Food Establishment Permit requirement of the Health Department.

**THIS PRODUCT LIST MUST BE COMPLETED PRIOR TO PERMITTING
FOOD SERVICE PRODUCT LIST
LIST OF POTENTIALLY HAZARDOUS FOODS (PHF's)**

TYPE OF FOOD PRODUCT TO BE PREPARED AND SOLD	METHOD OF HOLDING/REFRIGERATION
Product 1	
Product 2	
Product 3	
Product 4	
Product 5	
Product 6	
Product 7	
Product 8	
Product 9	
Product 10	

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1. Will all foods be prepared at the temporary food service booth?

____ **YES** (Any food that produces grease laden vapors – you must contact the Fire Department at 413-863-8911. Failure to meet the fire code requirements set in 527 CMR 1.00, 50.2.1.9 and NFPA 96, 4.1.9 will result in no food permit being issued).

____ **NO** Attach a copy of the food permit for the approved commercial kitchen and agreement for use of the approved kitchen giving the date and times.

Menu: Attach all items below

List all **potentially hazardous** foods being served*:

List all **non-potentially** hazardous food being served *:

* Any changes must be submitted in writing to the Board of Health at least seven days prior to the event.

2. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 140°F. Reheated potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.

Describe hot holding equipment:

3. **YES** _____ I am providing the following cold temperature control for the cold holding of potentially hazardous foods. **Describe cold holding equipment:**

a. **YES** _____ I am providing a metal stem-type thermometer (0-220 °F) to measure the hot and cold holding of potentially hazardous food.

b. **YES** _____ I am providing a thermometer for every refrigeration unit. This includes all coolers.

4. **YES** _____ I am providing alternative means to bare hand contact with ready to eat (RTE) foods. Please describe: _____

5. Hand washing facilities: _____ **Plumbed sink** or _____ **Gravity flow container with catch basin**

(At minimum you need a 5 gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels and a lined trash receptacle).

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6. Utensil washing facilities: _____ **Three compartment sink.** or _____ **Three deep tubs/basins** (one for soapy water, one for rinse water, and the other for sanitizing solution.)

7. Food source(s): _____

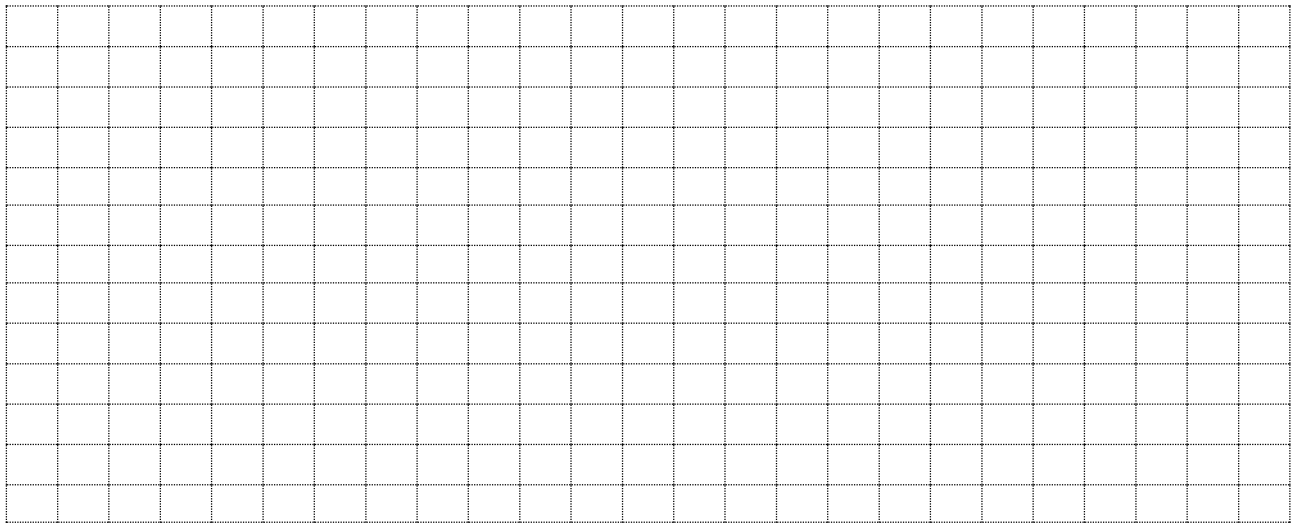
8. I am protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods:

9. Please use the attached for drawing a sketch of your booth.

a. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc.

b. Describe floor, wall and ceiling surfaces: _____

*Food cooking, preparation and service area SHALL have overhead protection



I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and the above described establishment will be operated and maintained in accordance with the regulations.

NO PERMIT WILL BE ISSUED UNLESS A COPY OF YOUR FOOD MANAGER TRAINING CERTIFICATE AND ALLERGEN AWARENESS CERTIFICATE ACCOMPANIES THE APPLICATION. THE TRAINING MUST BE ONE THAT IS RECOGNIZED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

Applicant's Signature _____

Date _____

Office use Only: PERMIT # _____ Date Issued: _____ Date Expires: _____

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