



Town of Salisbury

Board of Health

5 Beach Rd
Salisbury, MA, 01952
Phone (978) 462-7839 Fax (978)-462-4176

FARMERS MARKET RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

SALISBURY FARMERS MARKET Participants selling only fresh, uncut fruits and vegetables, unprocessed (raw) honey, farm fresh eggs (must be maintained at 45°F), and maple syrup **DO NOT need a retail food establishment permit.**

Any Farmers Market vendor selling any food product **other than those listed** above must apply for a Farmers Market Retail Food Establishment Permit. The permit shall be valid for the entire market season, and is not transferable.

PLEASE PRINT CLEARLY

APPLICANT NAME: _____ E-MAIL: _____

NAME OF BUSINESS (DBA): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE/MOBILE: _____

Person In Charge [PIC]: The PIC is responsible for all market operations, must be at least 18 years old, and must be on site during market hours.

PIC Name: _____ Phone: _____

LIST ALL FOOD TO BE SOLD/SERVED: (attach menu or use an additional page for more space): _____

BASE OF OPERATION: Food prepared in the Town of Salisbury Food prepared outside of Salisbury

PACKAGING: Will food be sold in packages, bottles or other containers: Yes – Attach sample labels No

TEMPERATURE CONTROL (Potentially Hazardous Foods [PHF] only)

Describe your method to keep cold foods at or below 41°F; hot foods at or above 140°F.

During transport: _____

At the Market: _____

How will the PIC monitor the PHF temperatures while at the market?

OPERATION: Disposable gloves provided: Yes No

Refuse Removal: describe means for storage/disposal of garbage/rubbish at farmers market:

FOOD SAMPLING (fill out only if applicable) – Type of food/beverage samples: _____

(Samples are to be prepared, cut and packaged at the permitted food establishment/ licensed facility)

How will exposed foods be protected from consumers and pests?

Utensils/ equipment used to prepare/distribute samples at market: _____

Type/location of hand washing facilities: _____

- APPLICATION FEE - \$30
- Check or money order payable to the Town of Salisbury
- PIC Food Protection Manager Certificate, if applicable
- Attach current Food Establishment permit license
- Attach copy of all ingredients lists and product labels
- Attach Allergy Awareness Training Cert., if applicable

SIGNATURE OF OWNER: _____ DATE: _____