



CITY OF NORTH ADAMS, MASSACHUSETTS

Board of Health

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**Farmer's Market Food Permit Application**

Applicant name \_\_\_\_\_

Business name (if different) \_\_\_\_\_

Business street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_ Website \_\_\_\_\_

List all food and food products to be sold at the farmer's market: (e.g. pies, cakes, jams, jellies, breads, sauces, spreads, etc. Attach a list if necessary.) \_\_\_\_\_

Does any of your food need to be kept hot or cold at the farmer's market?  Yes  No  
If yes, how will you store it at the farmer's market? \_\_\_\_\_

How is food transported to the farmer's market to ensure correct temperature; hot foods are kept above 140°F and cold foods are kept below 41°F? \_\_\_\_\_

List the name and address of distributors, suppliers, meat or poultry packing plants for any product to be sold at the farmer's market not packed or processed at your business location. \_\_\_\_\_

- Attach copies of all applicable permits from your local Health Department, copy of the last inspection report, the Food Protection Program of the Department of Public Health, the USDA, the Department of Agricultural Resources, the Division of Marine Fisheries, or any others that you may have.
- Attach copy of Certified Food Protection Manager Certificate or ServSafe
- Attach copy of Food Allergen Awareness Certificate
- Attach check for seasonal permit fee of \$50.00 payable to: **City of North Adams**

I have read the Health Department's Farmer's Market Policies and will comply with those policies.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_