

WEYMOUTH HEALTH DEPARTMENT

Health Department
75 Middle Street
Weymouth, MA 02189



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2022 Farmers Market Food Permit Application

1) Location and Dates Attending:	
2) Business Name:	
3) Business Address:	
4) Mailing Address (if different):	
5) Applicant Name and Title:	
6) 24 Hour Emergency Telephone #:	Email address:
7) Do you currently hold a food permit in another municipality (attach a copy of permit): <input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Please list all items you intend to distribute (<u>you must attach a sample of your prepackaged food label</u>).	
9) Are you preparing food on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you intending to sell PHFs/TCSs? <input type="checkbox"/> Yes * <input type="checkbox"/> No	
* If yes, you must have someone that is Food Manager and Allergen Awareness Certified. Copies of Certificates must be attached.	
<u>Describe facilities and equipment:</u>	
<u>Details for hand washing and sanitizing:</u>	
<u>Details for maintaining food temperatures above 135f or below 41f:</u>	
11) Confirm your understanding that the following is needed for all food handling:	
Food grade gloves: <input type="checkbox"/> Food thermometer: <input type="checkbox"/> Hand sanitizer/towels: <input type="checkbox"/> Covers on food: <input type="checkbox"/>	

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.

Signature of Applicant: _____ Date: _____