



# City of Medford

BOARD OF HEALTH  
85 George P Hassett Drive  
Medford, MA 02155

Telephone  
781-393-2560  
Fax: (781) 393-2562  
TDD: (781) 393-2516

Mary Ann O'Connor  
Director  
*Board of Health*

## **Application for a Permit to Operate at the Farmers Market**

Date of Submission (MM/DD/YYYY): \_\_\_\_\_

Include:

- Completed Application
- Copy of Propane Permit (Fire Prevention), if applicable
- Copy of Certified Food Manager Certificate
- NONREFUNDABLE fee of \$75.00 made payable to the "City of Medford"

Type of Business:  Retail Food     Food Service     Caterer     Mobile Food

Is a truck necessary for food holding?  Yes                       No

Will Propane Gas be used?                       Yes                       No

If Yes, a Fire Permit MUST be obtained from the Medford Fire Department at (781)-396-9400. If propane is used and a Fire Permit has not been obtained, the Farmers Market Permit will be null and void.

## **About your Business / Booth**

Organization / Business Name: \_\_\_\_\_

Owner's Name (if Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Dates attending Farmers Market in 2023

- June 8     June 15     June 22     June 29  
 July 6     July 13     July 20     July 27  
 August 3     August 10     August 17     August 24     August 31  
 Sept 7     Sept 14     Sept 21     Sept 28  
 Oct 5     Oct 12  
 Nov 19 (special Thanksgiving market)

## Contact Person in Charge (PIC) during the Event(s)

The PIC is the person **DIRECTLY** responsible for the Food Safety Operations during food preparation and during the farmer's market.

Name of

PIC:

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Is the PIC a Certified Food Manager?

Yes - Submit a copy of the Certificate

No

Does the PIC have an Allergy Awareness Certificate?  Yes - Submit a copy of the Certificate

No

Employees or Volunteers who are experiencing symptoms of **Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event as a food handler.**

Please review employee health with the staff prior to the event. For more information about employee health visit:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/default.htm>

## Food Information

Will all Foods be prepared at a licensed Food Establishment?

Yes  No

If Yes, Provide a copy of the Food Establishment Permit

List **ALL TCS** (Time/Temperature Control for Safety Food) Food and Beverage items to be prepared and served.

Attach a separate sheet if necessary.

NOTE: Any changes to the menu must be submitted to and approved by the Medford Board of Health Department **at least 5 business days prior to the event.** Only the Food items listed on the Permit may be offered at the farmers market.



## Food Preparation

### Describe the Following for TCS (Time/Temperature Control for Safety Food) Foods Prepared at an **Approved Kitchen and/or at the Farmers Market**

When will Foods be prepared?

How will the Foods be transported from the Kitchen to the Farmers Market?

How will TCS (Time/Temperature Control for Safety Food) Foods be held Cold (41°F and below) during transport?

N/A (there will not be any cold holding)

How will TCS (Time / Temperature Control for Safety Food) foods be held Hot (135°F and above) during Transport?  N/A (there will not be any hot holding)

## Food Handling at the Event

### Once Prepared, describe the Following for TCS (Time/Temperature Control for Safety Food) Foods at the Event (prepared at an approved kitchen and/or on-site)

How will prepared TCS (Time / Temperature Control for Safety Food) foods be held cold (41°F and below):

How will prepared TCS (Time / Temperature Control for Safety Food) foods be held Hot (135°F and above):

N/A (there will not be any hot holding)

How will prepared Foods be monitored while at the Farmers Market:

Will there be overhead cover?  Yes  No

How Foods will be protected against environmental and customer contamination:

Describe where utensil washing will take place:

If no utensil washing facilities are available on site, describe the location of back-up utensil storage:

Describe how hand washing will take place:

How many hand washing stations will be set-up?

What type of gloves will be used? (Latex Gloves should not be used):

Type of sanitizer that will be used:  Chlorine \_\_\_\_\_  Quaternary: \_\_\_\_\_  
(test strips must be provided) Brand Name Brand Name

Will you be providing samples:  Yes  No

Describe the procedures you will use for sampling:

**Permits are not granted on site at the Event**

Statement: I, \_\_\_\_\_ hereby attest to the accuracy of the information provided in the application and affirm to comply with 105 CMR 590.000 State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments, the FDA 2013 Food Code and any City of Medford Codes and Ordinances. Additionally, I fully understand that any deviation from the above without prior permission from the Medford Health Department may nullify final approval and / or permit.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_