



Mary Ann O'Connor
Director
Board of Health

City of Medford

BOARD OF HEALTH
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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 2022

- ☐ June 5 ☐ June 12 ☐ June 19 ☐ June 26
☐ July 3 ☐ July 10 ☐ July 17 ☐ July 24 ☐ July 31
☐ August 7 ☐ August 14 ☐ August 21 ☐ August 28
☐ Sept 4 ☐ Sept 11 ☐ Sept 18 ☐ Sept 25
☐ Oct 2 ☐ Oct 9 ☐ Oct 16
☐ Nov 23 (City Hall)

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: _____