



Mary Ann O'Connor  
Director  
Board of Health

# City of Medford

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

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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.

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### **About your Business / Booth**

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

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

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

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

## Dates attending Farmers Market in 2020

- June 4     June 11     June 18     June 25
- July 2     July 9     July 16     July 23     July 30
- August 6     August 13     August 20     August 27
- Sept 3     Sept 11     Sept 17     Sept 24
- Oct 1     Oct 8     Oct 15

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## 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 farmers 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 Menu Item	Prepared at approved kitchen (Yes/No)	Prepared On-Site (Yes/No)

## 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: \_\_\_\_\_  
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: \_\_\_\_\_