



TOWN OF BREWSTER
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OFFICE OF
HEALTH DEPARTMENT

TOWN OF BREWSTER
FARMERS' MARKET LIMITED FOOD SERVICE PERMIT APPLICATION
FEE: \$30.00

Name of Establishment	Operator	Contact Telephone
Name of Market/Location		Date(s) of Market/Hours of Operation
Operator Mailing Address		Operator Email

1. List the town your food establishment/base of operation is licensed in _____. If food items are prepared or processed outside of Brewster please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit.
2. All Mobile Food Units must obtain a Mobile Food Permit from the Brewster Board of Health.
3. Please provide a copy of your Certified Food Manager's and Allergen Awareness Training Certifications.
4. Are you a licensed wholesaler? _____ if so please attach a copy of your state permit.
5. Please list all prepackaged prepared food items you intend to sell. Any changes must be submitted and approved by the Board of Health or its Agent. _____

6. Are all food supplies (including water and ice) from an inspected and approved source? _____
7. If your prepackaged prepared food items need to be maintained at 41° F or below, how will this be achieved during transportation and at the farmers' market? _____

8. If your prepackaged prepared food items need to be maintained at 140° F or above, how will this be achieved? _____

9. How will temperatures be monitored during the market? _____

10. . Please provide a detailed list of all food items to be prepared, portioned, or offered for sample at the farmers' market site and check which preparation procedure will occur. Any changes must be approved by the Board of Health or its Agent.

FOOD	CUT/ASSEMBLE	METHOD OF COOKING	COLD HOLDING	HOT HOLDING	PORTION/ PACKAGE

***Note:** If your food preparation procedures cannot fit in these charts, please list all of the steps in preparing each food item on an attached sheet.

Below please provide a drawing identifying all equipment, handwashing facilities, food preparation areas, cold holding equipment, work tables, cleaning and sanitizing facilities, food and single service storage, garbage containers, and customer service areas as well as any other information that may be pertinent to food safety.

 A large blue rounded rectangle placeholder for a drawing, intended for the user to provide a drawing identifying all equipment, handwashing facilities, food preparation areas, cold holding equipment, work tables, cleaning and sanitizing facilities, food and single service storage, garbage containers, and customer service areas as well as any other information that may be pertinent to food safety.

11. Describe the following: (Include if facilities are temporary or permanent)

Hand-Wash Facilities - _____

Restroom Facilities - _____

How will utensils and surfaces be cleaned and sanitized (be specific)? _____

Sanitizing Agent _____ Concentration _____ Test Strips _____

How and where will rubbish be collected, stored, and disposed of? _____

How and where will wastewater from handwashing and utensil washing be collected, stored, and disposed of: _____

How will consumer single service articles (cups, plates, utensils) be stored? _____

Are all condiments, coffee creamers, sugar, etc, individually wrapped or in pour type dispensers? _____

Farmers' Market Food Safety Review

Please read and **initial** that you understand the following items that are minimum requirements for participation. If you have any questions, **please do not hesitate to ask**. If any activities do not apply, please write NA.

- ___ Permits must be posted on-site
- ___ A Certified Food Protection Manager must be on-site at all times.
- ___ Cold foods must be held at 41° F or lower.
- ___ Hot foods must be held at 140° F or above.
- ___ A properly calibrated stem type thermometer or digital thermometer must be made available for testing time/temperature control for food safety. Stem thermometers must be properly cleaned and sanitized before each use.
- ___ All hot and cold holding (mechanical units or coolers with ice) must be monitored, and logged hourly for proper holding temperatures. Written logs must be available for inspection.
- ___ All re-heated foods must be heated to at least 165° F or higher
- ___ There is **NO BARE HAND CONTACT** with ready to eat foods.
- ___ **Please list items to be used to prevent Bare Hand Contact:** _____
- ___ Ice used for cold holding may not be used as food.
- ___ Food shall not come in direct contact with water or un-drained ice. Water/ice cannot be directly discharged/disposed of on top of the ground.
- ___ **Please list ice source:** _____
- ___ All food shall be handled in a manner that prevents contamination such as using clean, covered containers; storage of food and containers up off the ground (minimum of 12 inches) ect.
- ___ All carts, coolers, tables, and other food contact equipment shall be re-cleaned and sanitized before the event and transported in such a way as to prevent contamination.
- ___ A labeled spray bottle of sanitizer prepared at the proper concentration must be on site for sanitizing all food contact surfaces, utensils, etc.
 - Chlorine sanitizer: 50-100 PPM (1/2 TBL non-scented household bleach per 1 gallon water for 100 PPM solution.
 - Quaternary Ammonium sanitizer: 200PPM (follow product instructions)
- ___ **Please list type of Sanitizer used:** _____

- ___ All retail items must be properly labeled as required by State Regulations.
- ___ I understand that only those items approved as part of this application may be sold at the farmers' market. Any further items must be reviewed and approved by the Board of Health or its Agent.
- ___ I understand that the above statements are not the only requirements of this permit but simply emphasize a few, important food safety principles.

TERMS OF PERMIT

- All product must be properly labeled in accordance with Massachusetts requirements for labeling. This shall include: Common name, ingredients, (listed in descending order of predominance by weight), net weight, name and address of manufacturer, all FDA colors. All ingredients that contain a major food allergen **MUST** be listed. If perishable the product must be open dated and labeled with proper storage information such as "keep frozen" or "keep refrigerated".
- This permit is for vendors who intend to prepare, portion, or offer for sample retail foods at the open market.
- Obtaining a Farmers' Market Retail Food Permit is not necessary if vendor obtains a Farmer's Market Limited Food Service Permit.
- This permit is only valid for the farmers' market that it is approved for.

I agree to any conditions specified by the Brewster Board of Health Farmers' Market Policy, 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X, the Federal 1999 Food Code, and 105 CMR 520 Requirements for packaged-food Labeling, and that I will comply with the terms established in this permit.

APPLICANT'S SIGNATURE

DATE

MARKET MANAGER APPROVAL

As the Market Manager I have authorized the applicant to participate as a vendor.

MARKET MANAGER SIGNATURE

DATE

BOARD OF HEALTH OR ITS AGENT COMMENTS:

APPROVED _____ **NOT APPROVED** _____

Approved by

Date

