



**TOWN OF BREWSTER**  
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OFFICE OF  
HEALTH DEPARTMENT

**TOWN OF BREWSTER – BOARD OF HEALTH**  
**FARMERS' MARKET REGISTRATION FORM**  
**FEE: \$25.00**

Name of Market: \_\_\_\_\_ Tel: \_\_\_\_\_

Location of Market: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Market Email Address: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_

Time of Operation: \_\_\_\_\_

Market Manager & Contact Info: \_\_\_\_\_

Are permanently established restroom facilities available for market food vendors on site or will temporary portable facilities be provided by the Market? \_\_\_\_\_

Will hand wash facilities for food handling vendors be provide by the Market ( ) or by individual vendors ( )?

\*Please attach a list of all vendors and their products participating in the farmers' market.

\*Please attach a Market Plan showing the layout of the farmers' market including locations of vendors, vendor's proximity to restroom, hand wash, and trash facilities.

**TERMS**

All farmer's markets must designate a Market Manager who will be responsible for the overall market management.

1. All potential farmers' market vendors requesting to receive Board of Health approval/permits must be authorized by the Market Manager.
2. Adequate restroom and hand wash facilities must be made available for food handling vendors.
3. All farmers' markets must adhere to the Brewster Board of Health Farmers' Market Policy and Conditions for Farmers' Market and Farmers' Market Food Vendors.
4. All vendors selling food items other than whole farm products are required to be licensed per the State and Federal Food Codes.
5. All foods must come from an approved source.
6. If the farmers' market offers for retail food other than those defined as Whole Farm Products, each food vendor must apply for a Farmers' Market Retail Food Permit or a Farmers' Market Limited Food Service Permit with the Brewster Health Department.
7. All applications for a Farmers' Market Retail Food Permit or a Farmers' Market Limited Food Service Permit shall be reviewed for the purposes of:
  - Assessing the facilities available to the market.

- Reviewing the procedures being put in place to assure that all food product being offered can be done safely.
  - Assessing compliance with the provisions of the State and Federal Food Code, including the requirements for physical facilities, sanitation, handwashing facilities, refrigeration and food handling.
8. All farmers' market retail food vendors must meet the Department of Public Health's Food Labeling requirements (105 CMR 520.000).
  9. A Mobile Food Vendor, authorized by the Market Manager, and licensed in Brewster may, within the restrictions of its permit, prepare, portion, sell, or give away food at a farmers' market.
  10. Food Demonstrations: A farmers' market authorized vendor may with Board of Health approval, conduct a food demonstration at the market if no samples are going to be provided to the public. If samples are provide to the public, a Farmers' Market Limited Food Service Permit is required.
  11. The sale of wine or other alcoholic beverages is subject to the approval of the Brewster Board of Selectmen, the Massachusetts Department of Agricultural Resources and the Alcoholic Beverages Control Commission.
  12. The Board of Health or its Agent reserves the right to evaluate non-food items to determine if it creates a conflict with the safe storage, display and sale of food products.

### **Prohibitions**

1. The Board of Health or its Agent will prohibit the sale of certain food items if in their opinion, the items cannot be prepared, transported, displayed, and sold in a manner with protects the consumer.
2. The sale of live animals, other than lobster and shellfish is prohibited at farmers' markets.
3. The sale of any smoking blend, alternatives, or any smoking product is prohibited at farmers' markets.
4. Any item, which by its presence at the farmers' market creates a conflict with safe storage, display and sale of food products.

Market Managers Signature \_\_\_\_\_ Date\_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
BOH or Health Agent      Date

