



**TOWN OF BREWSTER**  
**2198 MAIN STREET**  
**BREWSTER, MA 02631**  
PHONE: (508) 896-3701 EXT 1120  
FAX: (508) 896-4538  
BRHEALTH@BREWSTER-MA.GOV

OFFICE OF  
HEALTH DEPARTMENT

**TOWN OF BREWSTER**  
**FARMERS' MARKET RETAIL FOOD 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 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. Please provide a copies your Certified Food Manager's and Allergen Awareness Training Certifications.
3. Are you a licensed wholesaler? \_\_\_\_ if so please attach a copy of your state permit.
4. Please list all prepackaged prepared food items or crustaceans, finfish, or shellfish you intend to sell. Any changes must be submitted and approved by the Board of Health or its Agent. \_\_\_\_\_

5. If you are retailing crustaceans, finfish, or shellfish please attach copies of all pertinent state and local permits.
6. If you are retailing shellfish a copy of a written operational and HACCP plan must be submitted.
7. If you are retailing meat or poultry a copy of the federally inspected facilities license number must be submitted.
8. If your retail food(s) items need to maintain at 41° F or below, how will this be achieved? \_\_\_\_\_

**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 retail sales only, no food handling, food preparations, food sampling, or food demonstrations are allowed.

- Shellfish tags must be available on site and maintained for a minimum of ninety (90) days.
- Meat and poultry products must be maintained and sold frozen.
- 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

