



TOWN OF BREWSTER
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OFFICE OF
HEALTH DEPARTMENT

FARMERS' MARKET WHOLE FARM PRODUCT REGISTRATION FORM

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ **Fax:** _____

Email: _____

PLEASE LIST SPECIFIC PRODUCTS TO BE SOLD AT THE MARKET:

I agree to adhere to the Board of Health *Farmers' Market Policy and Conditions for Farmers' Markets and Farmers' Market Food Vendors.*

Applicant's Signature

Date

Approved ____ Not Approved ____

BOH or Health Agent

Date