



TOWN OF HINGHAM

BOARD OF HEALTH

210 Central Street, Hingham, MA 02043

(781) 741-1466 Fax (781) 804-2373

Email: HealthDirector@Hingham-Ma.com

FARMERS MARKET FOOD SERVICE APPLICATION

To Be Submitted Two (2) Weeks before Farmers Mkt

Application Fee

\$100 for returning vendors

\$200 for new vendors

Please note that the fee covers BOTH the summer and winter sessions of the Farmer's Market

Please check and attach the following documentation:

ServSafe

Allergen

Food Establishment License

Residential Kitchen Menu

Food Lables

Name of Applicant/Owner: _____ Tel #: () _____

Address of Applicant/Owner: _____ Email: _____

Location of Event: _____

Caterer's Name: _____ Tel #: () _____

Caterer's Home base Address: _____

Occasion

Non-Profit Yes No Tax Exempt #

List of Food: Also list Retail Food Provider if necessary.

Details for Maintaining Product above 140/below 41.

PREPARATION/COOKING FACILITIES:

On-Site: Yes No Describe Facilities and Equipment: _____

R: Website Forms\FarmersMktApplication2012.doc

Off-Site: Yes No If yes, where? _____

TYPE OF SERVICE: Single Service Yes ____ No Describe washing facilities for service and/or utensils:

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

List all ingredients which are on the top 8 allergen list.

Thermometer on Site: Yes _____ No _____

Refrigeration: Not Required Required

METHOD OF REFRIGERATION:

GARBAGE AND RUBBISH: Describe means for storage and disposal

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers _____ Location of hand wash facilities _____

Location of toilet facilities _____ Hair restraints: Yes _____ No _____

Disposable gloves provided: Yes _____ No _____ (NO LATEX GLOVES)

Sanitizer and test kit on site: Yes _____ No _____ Thermometer on site: Yes _____ No _____

Applicant/Owner (Signature indicates operation by Date and acceptance of any conditions listed)

Approved by Approving Authority _____ Date _____