



# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

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Health Agent

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**\$55.00 FEE**

## FARMER'S MARKET 2010 PERMIT APPLICATION FORM

ALL APPLICANTS ARE REQUIRED TO HOLD A PERMIT ISSUED BY THE BOARD OF HEALTH IN THE CITY/TOWN IN WHICH THEY HAVE THEIR BASE OF OPERATION AND/OR OTHER APPROPRIATE PERMITTING AGENCY. (Please attach a copy of this city/town Permit along with a copy of your current Food Certification.)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (business/cell)

Name of Farm/Business \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_  
(if different from above)

Social Security # or Federal ID# \_\_\_\_\_

Signature of Individual or Corporate Name: \_\_\_\_\_

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List items to be offered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED SCALE? \_\_\_\_\_ SAMPLES? \_\_\_\_\_

REFRIGERATION? \_\_\_\_\_ THERMOMETER? \_\_\_\_\_ 41° OR BELOW \_\_\_\_\_

HOW WILL YOU WASH YOUR HANDS? \_\_\_\_\_ GLOVES? \_\_\_\_\_

DISHWASHER OR 3-COMPARTMENT SINK FOR UTENSILS OR EQUIPMENT \_\_\_\_\_

Pursuant to M.G.L. Ch 62C, Sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**BOARD OF HEALTH USE ONLY:**  
DATE RECEIVED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_