



TOWN OF DUXBURY

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

Phone: 781-934-1100

\$65.00 FEE

FARMER'S MARKET 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: _____

Email Address: _____

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:** _____