

Department of Health & Human Services
 Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214
 Commissioner: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>
Protection Manager	<input type="checkbox"/>
Allergy Certificate	<input type="checkbox"/>
Base of Operation	<input type="checkbox"/>

ALL FEES PAID ARE NON-REFUNDABLE

2026 FARMERS MARKET PERMIT APPLICATION

CHECK ONLY ONE BOX PER APPLICATION

Date: _____

Tuesday Thornes Summer Market Wednesday Florence Market Saturday Gothic Street Summer Winter Market

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Products: _____

Type of Establishment	Fee	Required Documentation	Check Type of Market	TOTAL
Farmers' Market Permit (for Unadulterated Farm Products)	Waived	FOR wild mushrooms only- Provide/demonstrate knowledge		
Value Added Farmers' Market Permit (for Value Added Products)	Waived	Processed products: FSE Permit, Food Protection Manager Certificate Seafood: State Retail Seafood Dealer permit, HACCP Plan Meat and Poultry: Federal and/or state facility certificate		
Retail Food Farmers' Market Permit (for Processed Food Products)	\$50.00	As applicable: Food Protection Manager Certificate, Residential Kitchen Permit, FSE Permit (from each source if vending for multiple locations)		
Temporary Event at Farmers Market	\$50.00	As applicable: Food Protection Manager Certificate, Residential Kitchen Permit, FSE Permit (vendors who will do on site food preparation or processing)		

NOTE: As of October 1, 2001, at least one Certified Food Manager is required for all food Service operations which handle potentially hazardous foods (PHFs). **A COPY OF THE CERTIFICATE MUST BE SUBMITTED WITH EACH APPLICATION.**

Name of Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Signature of Applicant: _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

THIS PRODUCT LIST MUST BE COMPLETED PRIOR TO PERMITTING

FOOD SERVICE PRODUCT LIST

LIST POTENTIALLY HAZARDOUS FOODS (PHFs)

TYPE OF FOOD PRODUCT TO BE PREPARED AND SOLD	METHOD OF HOLDING/REFRIGERATION
PRODUCT 1	
PRODUCT 2	
PRODUCT 3	
PRODUCT 4	
PRODUCT 5	
PRODUCT 6	
PRODUCT 7	
PRODUCT 8	
PRODUCT 9	
PRODUCT 10	

1. Will all foods be prepared at the temporary food service booth?

____ **YES** (Any food that produces grease laden vapors – you **must contact Fire Prevention @ (413) 587-1081.** Failure to meet fire code requirements set in 527 CMR 1.00, 50.2.1.9 and NFPA 96, 4.1.9 will result in no food permit being issued.) (see attached)

____ **NO** Attach a copy of the food permit for the approved commercial kitchen and agreement for use of approved kitchen giving dates and times.

Menu: Attach or list **all** items below

List all **potentially hazardous foods** being served*:

List all **non-potentially hazardous** foods being served*:

*Any changes must be submitted in writing to the Board of Health at least seven days prior to the event

2. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 140*f. Reheated potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.

Describe hot holding equipment:

3. **YES** _____ I am providing the following cold temperature control for the cold holding of potentially hazardous foods. **Describe cold holding equipment:**

a. **YES** _____ I am providing a metal stem-type thermometer (0-220*f) to measure the hot and cold holding of potentially hazardous food.

b. **YES** _____ I am providing a thermometer for every refrigerator unit. This includes all coolers.

4. **YES** _____ I am providing alternative means to bare hand contact with ready-to-eat (RTE) foods. Please describe:

5. Hand washing facilities: _____ **Plumbed sink** or _____ **Gravity flow container with catch basin**

(At minimum you need a 5 gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels, and a lined trash receptacle.)

6. Utensil washing facilities: _____ **Three-compartment sink.** or _____ **Three deep tubs/basins**
(one for soapy water, one for rinse water and the other for sanitizing solution.)

7. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

8. I am protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods:

9. Please use attached form drawing a sketch of your booth.

- a. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc.
- b. Describe floor, wall and ceiling surfaces: _____

*Food cooking, preparation and service area SHALL have overhead protection.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations and I consent to inspection by the Northampton Department of Health & Human Services. I acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

Applicants Signature: _____ **Date:** _____

Health Department Comments:

Northampton Farmers Market Permit Requirements

Farmers Market Permit- Required for the sale of unadulterated farm products

Permit Fee-Waived

A farmer's market, as defined by the Massachusetts Department of Agricultural Resources in a "public market for the primary purpose of connecting and mutually benefiting Massachusetts farmers, communities, and shoppers while promoting and selling products grown and raised by participating farmers."

Products include:

- Fresh Produce (fresh uncut fruits and vegetables)
- Unprocessed honey or jam (Raw honey as defined by the National Honey Board: Honey as it exists in the beehive or as obtained by extraction, settling or straining without added heat.)
- Maple syrup
- Farm fresh eggs (must be stored and maintained at 45°F (7.2°C))
- Mushrooms (must provide/demonstrate knowledge)

Value Added Farmers Market Permit-Required for sale of processed farm products which ALL products are grown or raised by the permit holder

Permit Fee-Waived

Products include, but not limited to:

- Meat and poultry must be slaughtered in a federal and/or state licensed and inspected facility under inspection, must provide state
- Seafood dealer must provide state permit and HACCP plan with application.
- Processed honey, jam, juice, cheese and baked goods require permit holder to be Food Protection Manager certified and all products to be prepared in a licensed kitchen. Documentation MUST be submitted with the application

Retail Food Farmers Market Permit-Required for the sale of processed food products \$50.00

Permit Fee- \$50.00

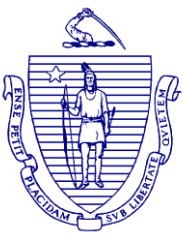
If selling processed foods at a farmer's market, the majority of the food items must come from local farmers and manufactured in a licensed food processing facility, a licensed food establishment, or a licensed residential kitchen. Copies of residential kitchen permits, retail food establishment permits or food manufacturing licenses at which the food was prepared MUST be submitted along with the Farmers Market application and a copy of the Food Protection Manager Certificate.

Temporary Event Permit-Required for onsite food preparation

Permit Fee- \$25.00 Northampton Business/\$50.00 Non-Northampton Business

Vendors who wish to do on-site food preparation, processing or preparing must obtain and comply with the Temporary Food Establishment Permit requirements of the Health Department.

Note that a separate temporary food establishment permit is necessary for each Farmers' Market that you participate in.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____