



FARMER'S MARKET VENDOR APPLICATION CHECKLIST

This application is for Vendors selling food items at Town of Sandwich Farmer's Markets/Bazaars etc., using tables/stands/etc. **NOT MOBILE FOOD VENDORS.**

Please Note: If you are a Mobile Food Vendor, see the following:

1. Food Truck Vendors licensed with the Town of Sandwich last calendar year
 - a. Required to submit the Mobile Food Renewal License Application
2. Food Truck Vendors NOT licensed with the Town of Sandwich last calendar year
 - a. Required to submit the Mobile Food Plan Review License Application

Please utilize the following checklist to assist you in proper submission of your Board of Health application. Your completed application must be submitted with all required documentation along with a check payable to the Town of Sandwich for the appropriate fee as listed on the application. Please submit your application in a timely manner to allow sufficient time for processing and required inspection(s), if applicable, prior to opening and License issuance.

- Farmers Market Vendor License Application
 - o Please fill out legibly and completely
- List of all items intended for Sale (Separate Sheet)
 - o Preparation Process to be included for all items
 - o Display/Sale set up plan
- Food Protection Manager Certificates
- Massachusetts Allergen Awareness Certificates
- Current License from base of operations towns, if applicable
- Workman's Compensation (WC) Insurance Affidavit (attached)
 - o Required regardless of holding WC insurance
- Workman's Compensation Insurance Certificate, obtained from your Insurance
 - o Company showing current WC coverage, if applicable
- Check payable to the Town of Sandwich for the appropriate fee as listed on the application

**PLEASE NOTE: INCOMPLETE APPLICATION SUBMISSION MAY DELAY THE
ISSUANCE OF YOUR REQUIRED LICENSE TO OPERATE**



FARMER'S MARKET VENDOR LICENSE APPLICATION

Business Name: _____ Business Phone: _____

Owner Address: _____
Street, Town, State and Zip

Owner/Corp. Name: _____

Contact Email Address: _____

Contact Name: _____ Contact Cell: _____

24 hr. Emergency Contact: _____ 24 hr. Emergency Contact Cell: _____

Owner Mailing Address (If diff): _____
Street, Town, State and Zip



Farmer's Market Vendor
Seasonal
\$60.00

Name of Farmer's Market _____

Address of Farmer's Market _____

Days/Hours of Operation _____

REQUIRED CERTIFICATIONS

Food Protection Managers:

1. _____ 2. _____

Massachusetts Allergen Awareness Managers:

1. _____ 2. _____

ALL REQUIRED CERTIFICATES MUST BE INCLUDED WITH APPLICATION SUBMISSION

PER THE FARMER'S MARKET VENDOR CHECKLIST, PLEASE BE SURE TO SUBMIT A LIST OF ALL ITEMS INTENDED FOR SALE, PREPARATION PROCESS AS WELL AS YOUR DISPLAY SET UP PLAN



FARMER'S MARKET LICENSE APPLICATION

Business Name: _____ Business Phone: _____

Food Operations:
 (Check all that apply)

Milk / Cream (Used or Sold)

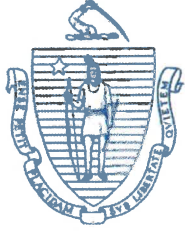
Frozen Dessert Machine (Soft Serve or Yogurt)
 (Requires monthly laboratory analysis submittal to BOH)

<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-TCS Foods	<input type="checkbox"/> TCS Foods Cooked to Order	<input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for more than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCS Foods	<input type="checkbox"/> Preparation of TCS Food for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> TCS and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged TCS Foods	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging / Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 hours	<input type="checkbox"/> Customer Self Service	<input type="checkbox"/> Use of Process requiring a Variance and/or HACCP Plan (i.e. Time as a Public Health Control)
<input type="checkbox"/> Customer Self Service of Non-TCS and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-TCS Foods	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input type="checkbox"/> Offers RTE/ TCS in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	<input type="checkbox"/> OTHER:

Definitions: TCS- Time/Temperature Control for Safety (**Time/Temp Controls Required.*)
 Non-TCS: Non-Time/Temperature Control for Safety (*No Time/Temp Controls Required.*)
 RTE- Read -To-Eat Foods (*i.e. Sandwiches, salads, muffins; no further processing needed.*)

SIGNATURE: _____

DATE: _____



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 an 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 #: _____