

Board of Health
71 Mt. Vernon Street
Winchester, MA 01890



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Jennifer Murphy, MPH, Director
Karen DaCampo, RN, Public Health Nurse

**2023 Application to Operate Food Retail at Farmer's Market
\$150 Fee (for Non-TCS Multi-Vendor Permit)**

Name of Person in Charge (PIC) of Non-TCS Vendors: _____

Address: _____

PIC phone: _____ cell phone: _____

Email address: _____

Name of Farmer's Market Event: _____

Dates/Time of Event: _____

Location of Farmer's Market: _____

Name of representative from **YOUR establishment** in charge of **YOUR operation** at Farmer's Market:

Cell Phone # of Rep: _____

1. List all food and beverage Vendors (a copy of their food permit and ServeSafe and Allergen certifications must be attached if applicable):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: _____ Date: _____