TOWN OF HINGHAM
BOARD OF HEALTH
210 Central Street, Hingham, MA 02043-2762
(781) 741-1466 Fax (781) 804-2373
Email: HealthDirector@Hingham-Ma.gov

Farmers Market Food Service Application

To Be Submitted Two (2) Weeks before Farmers Mkt

Application Fee

$100 for returning vendors
$200 for new vendors
Please note that the fee covers BOTH the summer and winter sessions of the Farmer's Market

Please check and attach the following documentation:

- ☐ Certified Food Manager
- ☐ Allergen
- ☐ Residential or Commissary Establishment Permit
- ☐ Workers Comp Form

Name of Applicant/Owner: _____Tel #: _____

Address of Applicant/Owner: _____Email: _____

Name of Establishment:_____

Base of Opeations Address_____
(i.e. Commissary-Residential Kitchen, etc)

Occasion: **Hingham Farmer's Market**

List of Food:

Food Protection:

List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

_____Date_____
Applicant/Owner (Signature indicates operation by Date and acceptance of any conditions listed)