



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

**FARMERS MARKET FOOD SERVICE APPLICATION**

To Be Submitted Two (2) Weeks before Farmers Mkt Application Fee \$75.00 (Town of Hingham)

**Please check and attach the following documentation:**

ServSafe \_\_\_\_\_ Food Establishment License \_\_\_\_\_  
Allergen Awareness Cert. \_\_\_\_\_ Residential Kitchen \_\_\_\_\_  
Menu \_\_\_\_\_ Package Food Label \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_ Tel #: ( ) \_\_\_\_\_

Address of Applicant/Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Caterer's Name: \_\_\_\_\_ Tel #: ( ) \_\_\_\_\_

Caterer's Home base Address: \_\_\_\_\_

Occasion \_\_\_\_\_

Non-Profit Yes \_\_\_\_\_ No \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

**List of Food:** Also list Retail Food Provider if necessary.

---

---

**Details for Maintaining Product above 140/below 41.**

---

---

**PREPARATION/COOKING FACILITIES:**

On-Site: Yes \_\_\_ No \_\_\_ Describe Facilities and Equipment: \_\_\_\_\_

---

Off-Site: Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

**TYPE OF SERVICE:** Single Service Yes \_\_\_ No \_\_\_ Describe washing facilities for service and/or utensils:

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

List all ingredients which are on the top 8 allergen list.

Thermometer on Site: Yes \_\_\_\_\_ No \_\_\_\_\_

Refrigeration: Not Required \_\_\_\_\_ Required \_\_\_\_\_

**METHOD OF REFRIGERATION:**

**GARBAGE AND RUBBISH:** Describe means for storage and disposal

**PERSONNEL AND FOOD HANDLING PRACTICES:**

Number of Food Handlers \_\_\_\_\_ Location of hand wash facilities \_\_\_\_\_

Location of toilet facilities \_\_\_\_\_ Hair restraints: Yes \_\_\_ No \_\_\_

Disposable gloves provided: Yes \_\_\_ No \_\_\_ ( NO LATEX GLOVES )

Sanitizer and test kit on site: Yes \_\_\_ No \_\_\_ Thermometer on site: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Applicant/Owner (Signature indicates operation by and acceptance of any conditions listed)

\_\_\_\_\_  
Date

Approved by Approving Authority \_\_\_\_\_

\_\_\_\_\_  
Date