

**TOWN OF MARSHFIELD
BOARD OF HEALTH
870 Moraine Street
Marshfield, MA 02050
781-834-5558 FAX 781-837-6047**

**FARMER'S MARKET FOOD HANDLER PERMIT
APPLICATION FORM**

Please complete, sign and return this form to the Marshfield Board of Health along with **FEE**, and a **copy of current allergen awareness certification & food certification(s.) Out of town vendors shall include a copy of your current Food Handler Permit from the town your home base is located.**

Total fee for 2018 \$50.00

***PLEASE PRINT**

Name of Establishment _____

Name of Person applying for Permit _____

Tax. ID # _____

Email Address _____

Products being sold: _____

Name of Certified Professional Food Manager _____

(Please enclose a copy of Manager's certification & Allergen Awareness certification)

Business address _____

Business Telephone # _____ Fax # _____

Mailing address _____

(If different from above)

Contact Person _____

Emergency Phone # _____ Cell Phone # _____

Pursuant to M.G.L. Ch 62C, Sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law. (Must be filled out and signed)

Signature of Individual or Corporate Name _____

By _____

Corporate Officer (If applicable)

If Corporation or partnerships, give name, title, and home address of officers or partners.

NAME	TITLE	HOME ADDRESS

State of incorporation _____ of local agent _____

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

Signature _____ Date _____