



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

PATRICIA L. ANDRADE, M.D.
 CRAIG LONGO, M.D.
 SARAH MORRIS, M.D.

Damon O. Chaplin
DIRECTOR OF HEALTH

APPLICATION FOR A SEASONAL RETAIL FOOD ESTABLISHMENT PERMIT
Winter Farmer’s Market Permit – November- March / Permit Fee: \$50.00
 Call (508) 991-6199 if you need assistance

Name of Establishment/Business Operator Contact Telephone/Email

EVENT Name or LOCATION Date(s) of Event Hours of Operation

Operator Mailing Address

Before completing this application have you read the “Guidelines for Temporary Food Event Vendors?” Yes No
 If you are **coordinating this event** have you filled out the form entitled “Coordinator’s Checklist”? Yes No

2) List of all food items to be sold

3) MENU: Attach a menu of all items to be prepared or served. Any **changes** to the menu must be submitted and approved by the Health Department/Board of Health at least **7 days prior** to the event.

3) Name of person holding a Certified Food Protection Manager and Allergen Awareness Training:
 _____ (Please provide a copy of the certificates)

4) Will all whole produce be sold at the Temporary Food Booth?
or Will all foods be prepared at the Temporary Food Booth?

_____ If **YES** - Please fill out only **SECTION B** below.

_____ * If **NO** - Please fill out **SECTION A & B** below.

*Please **attach a copy** of the current food establishment permit for the commercial kitchen used.

SECTION A - At the approved kitchen:

List any potentially hazardous food item and for each item, check which preparation procedure will occur:

FOOD:	Thaw	Cut/ Assemble	Cook	Cool	Cold Hold	Reheat	Hot Hold	Portion Pkg.
1)								
2)								
3)								
4)								
5)								
6)								

SECTION B – At the booth:

FOOD:	Whole Fresh Produce	Thaw	Cut / Assemble	Cook	Cool	Cold Hold	Reheat	Hot Hold	Portion Pkg.
1)									
2)									
3)									
4)									
5)									
6)									

