

## Haverhill Farmers' Market and City of Haverhill Board of Health 2010 Application Form

Thank you for your interest in the Haverhill Farmers' Market. Please complete the 2010 Application Form and sign the General Conditions. Return to the Haverhill Farmers' Market, 21 Germain Avenue, Haverhill, MA 01835 along with all the necessary listed documents at the bottom of this form. Application must be received by **April 30, 2010**.

### HAVERHILL FARMERS' MARKET VENDOR APPLICATION

Name:			
Name of Farm/Business:			
Address:			
Home Phone:	Business Phone:	Cell:	
Email address:			
Website:			
Produce/Items being sold:			
<b>Vegetables:</b>			
<input type="checkbox"/> Asparagus	<input type="checkbox"/> Beans-Green	<input type="checkbox"/> Beans-String	<input type="checkbox"/> Beans-Wax
<input type="checkbox"/> Beets	<input type="checkbox"/> Broccoli	<input type="checkbox"/> Cabbage	<input type="checkbox"/> Carrots
<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Celery	<input type="checkbox"/> Corn	<input type="checkbox"/> Cucumbers
<input type="checkbox"/> Eggplant	<input type="checkbox"/> Greens-Collard	<input type="checkbox"/> Greens-Mustard	<input type="checkbox"/> Greens-Turnip
<input type="checkbox"/> Kale	<input type="checkbox"/> Kohlrabi	<input type="checkbox"/> Lettuce-Boston	<input type="checkbox"/> Lettuce-Romaine
<input type="checkbox"/> Lettuce-Red Leaf	<input type="checkbox"/> Onion-Yellow	<input type="checkbox"/> Peas	<input type="checkbox"/> Peppers-Green
<input type="checkbox"/> Peppers-Hot	<input type="checkbox"/> Potatoes-White	<input type="checkbox"/> Potatoes-Sweet	<input type="checkbox"/> Pumpkins
<input type="checkbox"/> Radishes	<input type="checkbox"/> Scallion	<input type="checkbox"/> Spinach	<input type="checkbox"/> Squash-Summer
<input type="checkbox"/> Squash-Winter	<input type="checkbox"/> Tomatoes	<input type="checkbox"/> Turnip	<input type="checkbox"/> Zucchini
Other Vegetables: _____			
<b>Fruits, Berries, Melons:</b>			
<input type="checkbox"/> Apples	<input type="checkbox"/> Blackberries	<input type="checkbox"/> Blueberries	<input type="checkbox"/> Strawberries
<input type="checkbox"/> Cantaloupe	<input type="checkbox"/> Nectarines	<input type="checkbox"/> Peaches	<input type="checkbox"/> Watermelons
<input type="checkbox"/> Pears	<input type="checkbox"/> Plums	<input type="checkbox"/> Raspberries	
Other Fruits, berries or melons: _____			
<b>Ornamental Crops:</b>			
<input type="checkbox"/> Bedding Plants	<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Hanging Plants	
<input type="checkbox"/> Mums	<input type="checkbox"/> Wild flowers		
Other Ornamental Crops: _____			
<input type="checkbox"/> Apple Cider	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Cheese	<input type="checkbox"/> Crafts
<input type="checkbox"/> Eggs	<input type="checkbox"/> Honey	<input type="checkbox"/> Jam/Jelly	<input type="checkbox"/> Maple Syrup
<input type="checkbox"/> Turkey/ Poultry	<input type="checkbox"/> Herbs	<input type="checkbox"/> Beef	<input type="checkbox"/> Fish
Other Products(if crafts, please describe): _____			

**FEES:**

**Farmers/Prepared Foods:**

\_\_\_\_\_ \$15/market day                      or                      \_\_\_\_\_ \$150/season (16 weeks)

**Crafts:**

\_\_\_\_\_ \$10/market day                      or                      \_\_\_\_\_ \$100/season (16 weeks)

**CITY OF HAVERHILL HEALTH DEPARTMENT SECTION  
2010 FOOD PERMIT APPLICATION**

*Please note: The following portion only needs to be filled out if you are selling anything other than whole fruits and vegetables or if you plan to serve, cut or offer samples of any food, fruit or vegetable products.*

<b>Certified Manager's Name:</b>		<b>Certification#:</b>
<b>Type of Refrigeration:</b>		
<b>Method for cooking/Hot Holding:</b>		
<b>Method for Sanitizing:</b>		
Source of Food:	<b>Name:</b>	
	<b>Address:</b>	
<b>Foods to be served including ingredients and method of preparation:</b>		

**Any changes to the above items must be approved by the Haverhill Board of Health. A copy of a Permit for an Approved Kitchen by applicant's local Board of Health must be submitted with this application.**

## **CITY OF HAVERHILL BOARD OF HEALTH CONDITIONS AND REQUIREMENTS FOR FOOD VENDORS**

*Please Note: These condition and requirements only apply if you are selling anything other than whole fruits and vegetables or if you plan to serve, cut or offer samples of any food, fruit or vegetable product.*

These requirements are in accordance with the State Sanitary Code of the Massachusetts Department of Public Health, 105 CMR 590.00. This code states, "The Board of Health may impose additional requirements to protect against health hazards related to the conduct of the temporary food establishment, may prohibit the sale of some or all potentially hazardous foods, and when no health hazard will result, may waive or modify the requirements of these regulations."

**Therefore the Haverhill Board of Health reserves the right to evaluate individual establishments/farm stands and make necessary requirements to protect the public health.**

A CERTIFIED FOOD MANAGER IS REQUIRED AT ANY TEMPORARY FOOD ESTABLISHMENT/FARM STAND THAT PREPARES OR SERVES POTENTIALLY HAZARDOUS FOODS. ANY VARIATION FROM APPROVED APPLICATION MAY RESULT IN REVOCATION/SUSPENSION OF CURRENT PERMIT OR DENIAL OF FUTURE PERMITS.

### **ALL TEMPORARY FOOD ESTABLISHMENTS/FARM STANDS MUST COMPLY WITH THE FOLLOWING:**

- Foods served are limited to the following: Baked goods, fresh fruit and vegetables, and pre-cooked potentially hazardous foods. **Raw chicken, raw beef, raw pork, or other raw potentially hazardous food is NOT allowed.**
- The application must be filled out completely. Incomplete applications may result in a refusal to permit the establishment/farm stand.
- Necessary permits for the operation of the establishment/farm stand, including the Food Permit, must be conspicuously displayed.
- Running water with liquid soap and disposable towels for hand washing must be available. Bottle water with a pull out spout is acceptable. If such container is used, a method of collecting waste water must be provided.
- All food handlers must wash their hands after utilizing toilet facilities, eating, or smoking.
- Smoking is not allowed within 10 feet of the establishment/farm stand.
- All utensils and food contact surfaces must be sanitized with an approved sanitizing solution. Test strips for that sanitizing solution must be readily available on site and used to verify its strength.
- Premises must be kept clean. Refuse and garbage must be disposed of in a satisfactory manner. Refuse must not be placed in city containers.
- Plan for trash handling must be approved by the Board of Health.
- All utensils, equipment, and containers must be maintained in a clean and sanitary condition.
- Food handlers must wear clean outer garments and utilize good hygienic practices.
- A permit from the Fire Department is required for the use of propane and generators.

### **VENDORS MUST ENSURE FOOD PROTECTION BY ADHERING TO THE FOLLOWING REQUIREMENTS:**

- Only foods listed on the permit may be served.
- Cold foods must be maintained at a temperature of 41°F or less.
- A visible accurate thermometer must be placed in each cooler and maintained at 41°F or below as mandated.
- Hot foods must be maintained and held at a temperature of 140°F or higher.
- Food must be obtained from a permitted source. Proof of the source must be readily available to view by Board of Health Sanitarians on site.
- All food must be purchased from a wholesaler licensed by the State.
- Stem type thermometers must be on site to check that proper temperatures are being maintained.
- All food must be covered and protected during transportation, storage, preparation, and display.
- Food shall be stored at least 6-8 inches off the ground.
- Trash bags shall not be used as storage containers.
- Bare hand contact with ready-to-eat foods is not allowed. Tongs, tissues, clean single use disposable gloves must be used when handling all ready-to-eat foods.

**ON SITE INSPECTION OF YOUR AREA WILL BE CONDUCTED BY BOARD OF HEALTH SANITARIANS TO ENSURE COMPLIANCE WITH THE CODE AND THESE REQUIREMENTS. IF VIOLATIONS ARE OBSERVED YOU MAY BE REQUIRED TO CEASE OPERATION AND TO LEAVE THE EVENT.**

1. I understand and agree to all of the Program Guidelines, Vendor Policies and Board of Health Requirements and Conditions. I understand that the board of health may require additional information in order to process this application.
2. If selected, I understand that I must obtain all necessary permits and licenses from the City of Haverhill.
3. I agree to attend the week(s) that I have committed to during the day/time referenced in the program guidelines for the 2010 Haverhill Farmers' Market.
4. I agree to indemnify and hold harmless the Haverhill Farmers' Market, the City of Haverhill and its agents, its servants, volunteers and employees from any and all liability, claim or cause of action for any property damage, personal injury, wrongful death or damage to property or persons arising out of or in connection with any error, omission or negligence by me or my employee or agent while participating in Haverhill Farmers' Market.
5. I agree to maintain sufficient insurance coverage for property damage and personal injury liability while participating in the Haverhill Farmers' Market.
6. I agree to maintain the property, including, but not limited to, sweeping up debris and taking all trash with me after each vending day.
7. I authorize the Haverhill Farmers' Market to promote the Haverhill Farmers' Market and my participation in the market, including but not limited to, using photographs and descriptions in materials, links to websites and press releases.
8. I understand that Haverhill Farmers' Market or the City of Haverhill reserves the right to make changes to any of the vendor Policies as warranted.

I \_\_\_\_\_ the owner of Farm/Business have read the Program Guidelines, Vendor Policies, Board of Health Requirements and Conditions, and the above General Conditions and agree to abide by them and the spirit of this Farmers' Market. Pursuant to MGL C62c, S49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Mail to:  
**Haverhill Farmers' Market**  
**Kate Martin**  
**21 Germain Avenue**  
**Haverhill, Massachusetts 01830**  
Questions: Kate Martin, Haverhill Farmers' Market  
email [kate.martin@haverhillfarmersmarket.org](mailto:kate.martin@haverhillfarmersmarket.org)