

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FMP -	YEAR: 2012
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APPLICATION FOR A FARMERS MARKET LICENSE

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: Variable

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different)

Type of Establishment	Fee	Required Documentation	Check Box:
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Value Added Farmed Goods	Waived	Licensed Kitchen Permit Serv Safe	<input type="checkbox"/>
Food Prepared in a Licensed FSE	\$50.00	FSE License Serv Safe (Attach Even if You Think We Have It)	<input type="checkbox"/>
Food Prepared on Site	\$50.00	Serv Safe	<input type="checkbox"/>
1 Day Food Prepared on Site	\$25.00	Serv Safe	<input type="checkbox"/>
Seafood Dealer	\$50.00	State Retail Seafood Dealer Permit, HACCP Plan	<input type="checkbox"/>

Annual Seasonal Temporary Total Fee(s): _____

NOTE: As of October 1, 2001, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). A COPY OF THE INDIVIDUAL'S CERTIFICATE MUST BE ON FILE AT THE BOARD OF HEALTH OFFICE. PLEASE REMIT THIS CERTIFICATE WITH THIS APPLICATION IF YOU HAVE NOT ALREADY SUBMITTED IT.

NAME OF CERTIFIED FOOD MANAGER (If required): _____

Social Security or Federal ID#

Email Address

Signature of Individual or Corporate Officer

Telephone #

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON