

TEMPORARY FOOD SERVICE Vendor APPLICATION

FEE \$25 - Not Required for Farmer's Market

NAME OF FOOD ESTABLISHMENT*: _____

PHONE* _____

NAME OF OWNER*: _____

ADDRESS*: _____

Home CITY*: _____ **STATE*:** _____ **ZIPCODE*:** _____

EMAIL ADDRESS: _____

NAME OF EVENT*: Marblehead Farmers' Market

EVENT COORDINATOR*: Steve Fowler

EVENT ADDRESS*: 217 Pleasant St.

DATE/TIME OF EVENT*: Sat May 30 – Nov 21 9am-noon

**SIGNATURE OF
APPLICANT*:** _____

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.
ITEMS AND LOCATION PURCHASED:

PREPARATION/COOKING FACILITIES:

ON SITE: YES NO N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT:

OFF SITE: YES , IF YES, WHERE?

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

ON SITE: _____

OFF SITE: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW):

REFRIGERATION: REQUIRED ____ NOT REQUIRED ____

METHOD OF REFRIGERATION/THERMOMETERS:

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY INCLUDING TYPE OF SANITIZER:

SAMPLING: VENDOR TO USE SINGLE SERVING CUPS, NAPKINS AND/OR UTENSILS. ALLERGEN ADVISORY TO BE POSTED.

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

Next to Storage Trailers (see Coordinator's map) _____

LOCATION OF TOILET FACILITIES: _____

Next to Storage Trailers (see Coordinator's map) _____

HAIR RESTRAINTS PROVIDED: YES ____ NO ____

DISPOSABLE GLOVES PROVIDED: YES ____ NO ____

Also SUBMIT:

FOOD PERMIT FOR THE BASE OF OPERATION,

SERVSAFE AND

ALLERGEN CERTIFICATES FOR STAFF.