



Town of Ashland

MASSACHUSETTS

Application for a Permit to Operate a Food Establishment at the Ashland Farmer's Market

Date: _____ Date(s) of Event: _____

Name of Establishment: _____

Address: _____

Telephone: _____

Email Address: _____

Establishment Owner Information

Owner of Establishment: _____

Mailing address if different from above: _____

Emergency Contact Person: _____

Emergency Telephone number: _____

Emergency Contact Person's Email Address: _____

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

Name	Title	Address
_____	_____	_____
_____	_____	_____

State of Corporation: _____

<u>Type of Establishment:</u>	<u>Fee</u>	<u>Duration of Permit</u>
Farmer's Market	<u> X </u>	One Day _____
Food Service	_____	Multiple Days _____
Caterer	_____	*One Day - \$35.00 *Multiple Days - \$50.00
Total Fee:	_____	

*Payment is due with application

Establishment Information

Certified Food Manager's Name: _____

Certified Food Manager Certificate Number: _____ Expiration Date: _____

Product being sold: _____

Does Food Code require food to be held hot or cold? Yes No (circle one)

If required, how will food or drink be transported? _____

If required, how will food or drink be held on site – hot or cold? _____

Pursuant to M.G.L. Ch. 62 C, Sec 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all State tax returns and paid all State and Local taxes required under law.

Signature of Individual or Corporate Officer