



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470 (978) 640-4472

Application for Farmers Market Food Vendor:

Fee: \_\_\_\_\_

**Applicant Information:**

1. Name of Establishment: \_\_\_\_\_ Date(s) \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Name & Title of Applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_
6. Address of Applicant: \_\_\_\_\_
7. Name of Owners (if different from applicant): \_\_\_\_\_
8. If corporation or partnership, provide name, title and home address of officers or partners:

| Name | Title | Home Address |
|------|-------|--------------|
|      |       |              |
|      |       |              |

**Food Items Being Served or Sold:**

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**Where is the Food Prepared?**

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**Attach copies of the following items:**

- > Current permits and/or licenses: manufacturing, food establishment permit, FDA, DMF, etc.
- > Facilities last inspection report.
- > Food safety certificate.
- > Workers' Compensation Insurance Affidavit: General Businesses and Insurance policy declaration, if required.

Pursuant to M.G.L. Ch. 62C Sec. 49A, 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 by law.

\_\_\_\_\_  
Federal Identification Number

\_\_\_\_\_  
Print Name of Individual or Corporate Name

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
by; CORPORATE Officer (if Applicable)

FOR BOARD OF HEALTH USE ONLY

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Permit # Issued



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## Tewksbury Farmer's Market Guidance and Requirements

**The Tewksbury Board of Health (TBOH) *does not* require permits for the following items:**

- The sale of whole, uncut produce by the persons who grew it does not require a permit from the Board of Health,
- The sale of unprocessed honey (As defined by the National Honey Board: Honey as it exists in the beehive or as obtained by extraction, settling or straining without added heat).
- Maple syrup and
- Farm fresh eggs that have been stored and maintained at 45<sup>o</sup>F (7.2<sup>o</sup> C).

**The TBOH *requires* permits for the following items:**

- Cut fruit and produce, and
- Any other processed foods (which includes but not limited too pies, cakes, breads, jams, and jellies, candy, meats, and baked goods (These items shall be prepared and/or processed at properly licensed facility).

**The TBOH *prohibits* the following products:**

- Home canned foods,
- Custard products,
- Raw eggs products,
- Raw (unpasteurized) milk,
- Soft cheeses, and/or
- Food demonstrations.

***Special handling and other requirements:***

- All food items including but not limited to cut fruits and produce, and food items that are considered processed shall be *pre-packaged* at the licensed place of origin (licensed food establishment).
- Shellfish sold at the Farmers Market will be required to obtain the required approval from Division of Marine Fisheries (DMF) and Department of Agriculture.
- Finfish and Crustaceans may be sold at the Farmers Market from vendors with a current retail seafood dealer or retail truck permit from MA DMF.
- Meat and poultry must be slaughtered in a federal and/or state licensed and inspected facility. Products shall have the USDA inspection label on each retail package.
- Food products shall be labeled with ingredients, company's contact information, nutrition information as necessary, allergens, etc. as required by FDA.
- Perishable foods shall have a label stating "Keep Refrigerated" or "Keep Frozen" and dates, etc. as stated required by FDA.

**Temperature Controls:**

- Any food that requires temperature control for safety must be held at the proper temperatures in accordance with 105 CMR 590.000 and federal laws during transportation and when displayed.
- Food temperatures shall be recorded on the form provided by the TBOH.

**Display requirements and conditions:**

- Fresh uncut fruits and produce can be displayed in the open air and stored off the ground. Vendors can use tables or empty crates with boxes under the crates.
- Cut fruits and produce that is considered a potential hazardous food (PHF) (i.e. melon, raw seed spouts, cut tomatoes, and raw garlic mixtures) shall be stored at a temperature of 41<sup>o</sup>F or below.
- If ice is utilized; ice shall be a container that is self-draining. It is recommended that chopped greens be held under temperature control while on display at the Farmers Market.
- All foods except uncut fruits and produce require protection while on display.
- All Foods shall be *individually* package items.

**Food Samples:**

- Processed food samples shall be cut, *individually* wrapped, and secured in a licensed facility.
- Processed foods shall be protected from the environment and consumer contamination during transportation and display.

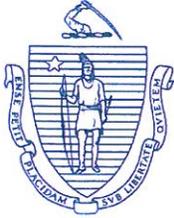
**Physical and Sanitary Facilities:**

- Restrooms and hand washing facilities shall be available nearby for the vendors use.
- If restrooms and hand washing facilities are not available, the farmers market shall provide portable restrooms and hand washing facilities for vendors to use.
- If portable restrooms are provided, a hand washing station must be made available.

Attached please find an “Application for Farmers Market Food Vendor.” Complete the application and return it to this office with the appropriate fee and documents within two weeks prior to the event.

If you have any questions, please feel free to contact the Board of Health’s office at 978-640-4470.





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

Please Print Legibly

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

|   |  |
|---|--|
| <p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p> | <p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p> |
|---|--|

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

|   |                        |
|---|------------------------|
| <b>Official use only. Do not write in this area, to be completed by city or town official.</b>        |                        |
| City or Town: _____   | Permit/License # _____ |
| Issuing Authority (circle one):   |                        |
| 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office |                        |
| 6. Other _____  |                        |
| Contact Person: _____   | Phone #: _____         |

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)