



**Osterville Farmers'
Market 2016
Application**

14 Week Season

**Fridays, June 24 to Sept. 16
9 a.m. to 1 p.m.**

AND

**Saturday, October 1
Fall Harvest Fest from
9 a.m. to 1 p.m.**

Name: _____

Farm/Company Name: _____

Mailing Address: _____

Farm Address: _____

Phone: _____

Email: _____

Website: _____

Best way to contact you: _____

Produce/Product(s) you will be vending (please list):

Along with this application, please submit a current copy of:

- ServSafe Certificate
- Allergen Training Certificate
- Commercial Kitchen License
- Wholesale License

and/or any other paperwork pertinent to the item that you are producing/selling.

THERE IS NO OTHER BARNSTABLE FEE TO PAY OR BARNSTABLE PERMIT FOR WHICH YOU NEED TO APPLY.

I am applying for (please check one):

2016 Season: \$200 enclosed _____

The Following Dates:

(\$40 per week) _____

Signature: _____ **Date:** _____

Please return via mail with all paperwork by May 1 to:

Osterville Historical Museum

PO Box 3

Osterville, MA 02655 Questions?

Jennifer Williams @ 508.428.5861 or

jwilliams@OstervilleMuseum.org



Town of Barnstable
Regulatory Services
Richard V. Scali, Director



Public Health Division

Thomas McKean, Director

200 Main Street, Hyannis, MA 02601

Office: 508-862-4644

Fax: 508-790-

6304

MAIL TO: TOWN OF BARNSTABLE
PUBLIC HEALTH DIVISION
200 MAIN STREET
HYANNIS, MA 02601
FAX 508 790-6304
PLEASE INCLUDE A CHECK FOR \$35.00 DOLLARS AND A
COPY OF YOUR FOOD SANITATION TRAINING
(E.G. ServSafe) CERTIFICATE, ALLOW SIXTY DAYS TO
PROCESS (Please see instructions on the next page)

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

DATE _____

NAME OF SPECIAL EVENT Osterville Farmers' Market 2016 Season

WAS THIS EVENT APPROVED BY THE BOARD AT A PUBLIC MEETING? X Y N

NAME OF PERSON(S) REQUESTING PERMIT Jennifer Williams, Market Manager

TELEPHONE # 508.428.5861 CELL # _____

HOME ADDRESS 155 West Bay Road VILLAGE Osterville

NAME OF ORGANIZATION _____

CONTACT PERSON _____ TELEPHONE _____

ADDRESS _____

FOOD TO BE SERVED (LIST EXACT FOODS) _____

NAMES OF TRAINED FOOD HANDLERS (TO BE ONSITE DURING EVENT):

(ATTACH COPIES OF SERVSAFE & ALLERGEN CERTIFICATES)

ADDRESS WHERE TO BE SERVED Osterville Historical Museum, 155 West Bay Road, Osterville, MA 02655

DATE TO BE SERVED June 24-Sept 18 & Oct. 1 TIME 9 a.m. to 1 p.m.

WHAT TIME WILL ALL EQUIPMENT BE SET-UP & READY FOR INSPECTION? _____

HOW WILL FOOD BE KEPT BELOW 41 DEGREES F _____

HOW WILL FOOD BE HELD AT 140 DEGREES F. _____

HOW IS FOOD COVERED _____

HOW IS FOOD SERVED _____

TYPE OF HAND-WASHING FACILITY _____

SIGNATURE:

