



**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**

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Director of Public Health
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FARMERS MARKET FOOD VENDOR REGISTRATION

(All Food Vendors are required to register with the health department **PRIOR TO OPERATING** – Upon approval Registration Certificates will issued to each vendor with established conditions)

All Registration Certificates Must Be Posted at Each Approved Vendor Tent

REQUIRED FEE \$20.00

Name of Vendor: _____ Owner/Operator: _____

Telephone: _____ E-Mail: _____

Firm Name: _____ Address: _____ Zip: _____

Base of Operations Address: _____
(I.e. Commissary – Farm - Residential Kitchen, etc)

Permits/Licenses from other Jurisdictions: _____
(Must Attach Copy)

Certified Food Manager: _____ By: _____

*List All Food Items to be Sold: _____

Type of Vehicle (if applicable): _____ Plate Number: _____

State Hawkers License #: (if applicable) _____

Date of Application

Signature

Office Use Only: Date Rec'd. _____ San Appr. _____ Chief Appr. _____ Permit # _____ Decal# _____
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