



Town of North Attleboro
Board of Health
43 South Washington Street
North Attleboro, MA 02760

Date rec. _____
Amount paid \$ _____
Check # _____
Permit # _____
Permit issued: _____
Date of inspection _____
All documents received _____

For office use only

New Renewal license application for:

Farmer's Market Vendor Permit

Permit valid through: **April 30, 201_**

Fee: \$50.00

\$125.00 late fee if renewal application is received after April 30th

Name of Vendor Operation:	
Business Address:	
City, State, Zip:	
Mailing Address:	
Business Telephone #:	Fax #:
Local Manager's Name:	
Owner's Name:	
Owner's Address:	
Owner's Phone #:	Federal TIN #:
E-Mail Address:	
List product to sell:	

The undersigned hereby applies for a Farmer's Market Vendor permit in accordance with the provisions of the most current MDPH Food Protection Program Policies, Procedures and/or **Guideline RF-08** relating thereto, **105 CMR 590.000**, and the standards of the North Attleboro Board of Health.

- This permit will be valid for one year only, expiring April 30th, and its fee cannot be pro-rated.
- Return your application with a check to: Board of Health, 43 South Washington St., North Attleboro, MA 02760.
- This permit will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met your tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to suspension, revocation or non-renewal of their permit.

Applicants are required to:

1. Attach a narrative description and/or list of the food(s) to be offered (e.g. pies, cakes, muffins, candy, etc.).
2. Attach a copy of the residential kitchen permit, retail food establishment permit, or food manufacturing license from the municipality where the food will be prepared.
3. Attach a copy of that municipality's most recent inspection.
4. Appear before the Board of Health to review the application prior to its initial approval.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

Signature of applicant

Print name of applicant

Title

Date