

Inspectional Services

Michelle Wu, Mayor

FARMERS MARKET APPLICATION

農夫市場申請表

NAME OF BUSINESS (D/B/A)			
企業名稱(註冊經營名稱)			
NAME OF OWNER:		PHONE	
業主姓名:		電話:	·
ADDRESS:			
地址:			
CITY:	STATE:		ZIP CODE:
城市:	州:		郵遞區號:
EMAIL ADDRESS:			
電子郵件地址:			
NAME OF MARKET LOCATION:			
市場所在地名稱			
MARKET COORDINATOR:		PHONE	:
市場協調員:		電話:	
ADDRESS:			
地址:			
CITY:	STATE:		ZIP CODE:
城市:	州:		郵遞區號:
DATE/TIME OF MARKET OPERATION: 市場運營日期/時間:			
SIGNATURE OF OWNER:		DATE: 日期:	
業主簽名:			
FEDERAL TAX I.D. NUMBER			
聯邦稅收代碼			

ONLY "NO TRANS FAT FOODS" CAN BE SERVED MEETS NEW ALLERGEN REQUIREMENTS / PROPER ALLERGEN LABEL(S)

僅限供應「無反式脂肪食品」 符合新過敏原要求/適當的過敏原標籤

LIST ALL PRODUCTS THAT WILL SOLD AND THE LICENSED FACILITIES WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED. MUST BE AN APPROVED SOURCE.

列出出售的所有產品以及購買或製作食品/飲料的持照設施。必須是經批準來源。

FOOD/BEVERAGE 食品/飲料	LICENSING AGENCY 持照機構	ESTABLISHMENT ADDRESS 設施地址	PERMIT # 許可證號碼
1			
2			
3			
4			
5			
6			
Check if farmers offering 如果農夫提供所列的食品级 FOOD SAMPLING: (RECLIST TYPE OF FOOD: 食品品嚐(要求獲得事先批列出食品類型:	獲得豁免,請勾選。未切開的 (UIRES PRE-APPROVAL)	ole uncut fruits and vegetables do 完整水果和蔬菜不要求有許可證。	not require permits
列出食品品嚐所用容器和註	S AND EQUIPMENT FOR FO 没備: F HANDWASHING FACILI		
加工食品適當包裝和加貼標	票籤: EIGHT – SCALES SEALED	D LABELED: YESNO 是 否	
PERSONNEL 個人			

Page 2 1010 MASSACHUSETTS AVENUE • 4TH FLOOR • BOSTON • MASSACHUSETTS • 02118 • 617-635-5326

www.boston.gov

Farmers Market Application – Traditional

HAIR RESTRAINTS PROVIDED: YES NO 提供繫髮帶:
DISPOSABLE GLOVES PROVIDED: YES NO 提供一次性用手套:
LOCATION OF TOILET FACILITIES: 洗手間設施地點:
FOOD TEMPERATURE CONTROL: (For Cold Potentially Hazardous (PHF) Ready to Eat Foods) 食品溫度控制: (具有潛在危險的(PHF)冷食、即食食品)
MECHANICAL REFRIGERATION REQUIRED FOR MAINTAINING FOODS FROZEN OR REFRIGERATED AT OR BELOW 41°F: 保持食品冷凍或冷藏在41°F或以下溫度要求的機械製冷:
FOOD PROTECTION: DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION: 食品保護: 描述避免食品汙染採取的措施:
GARBAGE AND RUBBISH: DESCRIBE MEANS FOR STORAGE AND DISPOSAL: 垃圾和廢物: 描述儲存和棄置方法:
LOCATION OF RESTROOM FACILITIES: 洗手間設施地點:
PROVISOS: Requires approval with the Health Division for non- mechanical refrigeration 附帶條件: 要求獲得衛生科對非機械製冷的批准
FEE \$100.

Page 3 1010 MASSACHUSETTS AVENUE • 4TH FLOOR • BOSTON • MASSACHUSETTS • 02118 • 617-635-5326