



**Town of Dedham**  
 Board of Health  
 450 Washington St  
 Dedham, MA 02026  
 (781) 751- 9220  
 www.dedham-ma.gov



**Public Health**  
 Prevent. Promote. Protect.

### Farmer's Market Permit

**Fee:** \$50.00

**Establishment's:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Applicants:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_

*If a corporation or partnership, provide name, title, and home address of officers or partners:*

Name	Title	E-mail

*The following must be submitted with the application:*

- Product label
- Allergen Awareness
- Serve Safe Certification
- Copy of establishment's license/permit
- List of items to be sold
- Information of how hand washing and temperature will be maintained
- How and where restrooms will be provided

***By signing you are confirming that you have read and understand the Town of Dedham regulations pertaining to the food code (105 CMR 590.000). You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.***

\_\_\_\_\_  
 Applicant/Owners Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 FID# or SS#