



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

**Town of Truro**

**Farmers Market Whole Farm Product Registration Form**

PART I - TO BE FILLED IN BY APPLICANT

Name of Business: \_\_\_\_\_ Name of Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: Days: ( ) \_\_\_\_\_ Evenings: ( ) \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Product to be sold at the Market:**

- Eggs (must be stored and maintained at 45°F (7.2°C))
- Whole Produce (vegetables/fruits) Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Unprocessed honey
- Maple Syrup
- Micro Greens

*I agree to adhere to the Board of Health Farmer's Market Policy and Conditions for Farmer's Market Food Vendors*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PART II – MARKET MANAGER APPROVAL**

As the Market Manager for the Truro Farmer's Market, I have authorized the applicant to participate as a vendor.

\_\_\_\_\_  
Market Manager Signature

\_\_\_\_\_  
Date

**PART III - TO BE FILLED IN BY AUTHORIZED TOWN AGENT**

**Board of Health Comments or Conditions:**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
BOH or Health Agent

\_\_\_\_\_  
Date