

# Farmers Market Retail Application

Petersham Board of Health

petershamboh@verizon.net

978-724-0057

\$5.00 Fee

<b>Applicant's Name/Business Name</b>		Telephone
Address	City, state, zip	
Mailing address (if different)	City, state, zip	
Items to be sold:		
Origin of Items to be sold:		
<b>Signature of applicant</b>		Date

Additional items that may be sold this season

---

---

---

↓ For office use only ↓

Received by	Date	Fee amount paid & method (check or cash)
Inspected by	Date	Date permit issued & initials
Comments		

Board of Health Hours Mondays 5:00 p.m. to 6:00 p.m.  
Petersham Board of Health, P.O. Box 486, Petersham, MA 01366