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2020-0157

TOWN OF WEST TISBURY
BOARD OF HEALTH

P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 5/20/20

Fee \$75

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Pam Clavin e-mail pesto.pam.p.clavin@a-mail
Mailing Address of Applicant: PO Box 282, Chilmark, Ma 02533
Name/Address of Event/Occasion: West Tisbury Farmers Market, W Tisbury, Ma.
Telephone Number: 508-645-3405 Emergency # 508-627-1882 (cell)
Name of Event/Occasion: West Tisbury Farmers Market
Date(s)/Time of Event: June 13th -> Oct. 10th 2020 (9AM -> 12PM)
Non-Profit: Yes ☐ No ☒ Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Pesto Sauces - Various Varieties:
Basil, Sun-dried Tomato, & possibly
Lemon Pepper

Preparation/Cooking Facilities:

On Site: Yes ☐ No ☒ Describe facilities & Equipment

Off Site: Yes ☒ No ☐ If yes, Where? 10 Northline Rd
Commercial Kitchen - Edgartown, Ma
(Attach a copy of current BOH License, if licensed in another Town)

TYPE OF SERVICE: Single service YES _____ NO ✓

Describe washing facilities for service and/or utensils sterile containers
used with sanitizing solution on site

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation. coolers with ice
thermometers in each for temperature control

REFRIGERATION: Not required _____

Method of refrigeration: coolers - Thermometers
Pesto Sauce on Ice

GARBAGE AND RUBBISH:

Container for Rubbish under Table on Site

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for
PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type Hand Sanitizer on Site

Hair restraints: YES ✓ NO _____

Disposable Gloves provided: YES ✓ NO _____

Sanitizer and test Kit on site: YES ✓ NO _____

Thermometer on site: YES ✓ NO _____

Pam Glavin
Applicants/Owners Signature

5/20/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

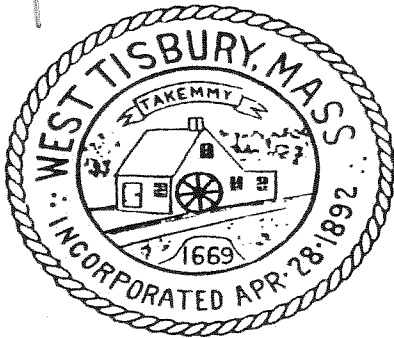
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 2/20/20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: SUZANNE FENN e-mail SUZFENN@GMAIL.COM

Mailing Address of Applicant: 30 WANIPICKE RD, W. H. MA 02568

Name/Address of Event/Occasion: W.T. FARMERS MKT GRANGE W.T. MA

Telephone Number: _____ Emergency # _____

Name of Event/Occasion: _____

Date(s)/Time of Event: JUNE THRU OCT. WED & SAT 9-12:00

Non-Profit: Yes _____ No X Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

LEMONADE, LIMEADE, ORANGE JUICE, JUICE COMBOS
SALSA (FRESH)

Preparation/Cooking Facilities:

On Site: Yes _____ No _____ Describe facilities & Equipment

JUICE SQUEEZED FRESH ON SITE ON DEMAND

Off Site: Yes X No _____ If yes, Where? RESIDENTIAL KITCH. W.T.

(Attach a copy of current BOH License, if licensed in another Town)

O.K. ✓

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils N/A

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

FRUIT (CITRUS) VENDING, TRANSPORTED IN TRUCK
SALSA PACKED IN ICE, IN COOLER,

REFRIGERATION: Not required ☐ Method of refrigeration: SALSA PACKED IN ICE IN COOLER

GARABAGE AND RUBBISH:

ALL GARBAGE TO ICI COMPOST / RUBBISH TO GRANGE RECEPTACLES FOR P/U

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2 (Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

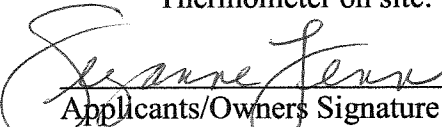
Location of hand washing facilities/type GRANGE, HOT WATER SINK

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐


Applicants/Owners Signature

2/20/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

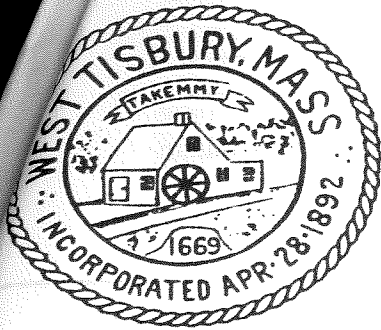
Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0123

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 2/29/2020

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: The Grey Barn and Farm e-mail market@thegreybarnandfarm.com

Mailing Address of Applicant: 22 South Rd. Chilmark, MA 02535

Name/Address of Event/Occasion: _____

Telephone Number: _____ Emergency # _____

Name of Event/Occasion West Tisbury Farmers Market

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No x Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served _____ Source _____

Selling

Selling frozen meat, not Prepared food

Preparation/Cooking Facilities:

On Site: Yes _____ No _____ Describe facilities & Equipment

N/A freezer

Off Site: Yes _____ No _____ If yes, Where? _____

N/A freezer

(Attach a copy of current BOH License, if licensed in another Town)

OK
✓

TYPE OF SERVICE: Single service YES _____ NO _____

Describe washing facilities for service and/or utensils _____
N/A

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

freezer truck

REFRIGERATION: Not required _____ Method of refrigeration: freezer truck

GARABAGE AND RUBBISH:

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type on site

Hair restraints: YES _____ NO ☒

Disposable Gloves provided: YES ☒ NO _____

Sanitizer and test Kit on site: YES ☒ NO _____

Thermometer on site: YES ☒ NO _____


Applicants/Owners Signature

3/19/21
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

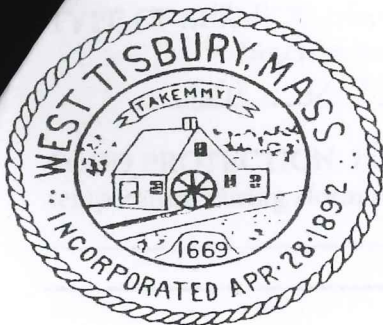
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0127

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date _____

Fee _____

75.-

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: _____

Linda Lee Alley

e-mail _____

llawest12@gmail.com

Mailing Address of Applicant: _____

222 West Tisbury Ma, 02575

Name/Address of Event/Occasion: _____

West Tisbury Farmers Market State Rd. W. Tisbury 02575

Telephone Number: _____

508 693 9561

Emergency # _____

508 693 9561 Okeanos

Name of Event/Occasion _____

West Tisbury Farmers Market

Date(s)/Time of Event: _____

9 AM - Noon

Non-Profit: Yes _____

No _____

✓

Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Jams and Jellies

Preparation/Cooking Facilities:

On Site: Yes _____

No _____

✓

Describe facilities & Equipment

Off Site: Yes _____

No _____

✓

If yes, Where? _____

83 NEW LANE

West Tisbury
Ma,
02575

(Attach a copy of current BOH License, if licensed in another Town)

OK ✓

TYPE OF SERVICE: Single service YES _____ NO ☒

Describe washing facilities for service and/or utensils

No utensils, washrooms on site.

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATION: Not required ☒ Method of refrigeration: _____

GARABAGE AND RUBBISH:

No Garbage

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type Restrooms on site, hand sanitizer

Hair restraints: YES ☒ NO _____

Disposable Gloves provided: YES ☒ NO _____

Sanitizer and test Kit on site: YES ☒ NO _____

Thermometer on site: YES _____ NO ☒

Linda Lee Alley
Applicants/Owners Signature

Date

3.1.2020

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

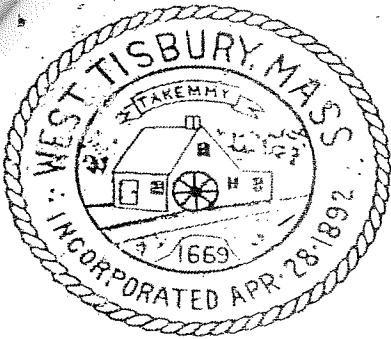
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0128

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3-18-20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Kathleen Cowley e-mail kcawley@comcast.net
Mailing Address of Applicant: PO Box 2902, OB, MA 02557
Name/Address of Event/Occasion: W.T. Farmers Market
Telephone Number: 508-939-1476 Emergency # 508-693-1215
Name of Event/Occasion: Sats June 13 - Oct 10, Wens June 17 - Sept 2
Date(s)/Time of Event:

Non-Profit: Yes ☐ No ☒ Tax Exempt # ☐

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

please see attached

Preparation/Cooking Facilities:

On Site: Yes ☐ No ☒ Describe facilities & Equipment

wholesale + Residential kitchen - retail sale, 4 Chapman Ave. O.B.

Off Site: Yes ☐ No ☐ If yes, Where: ☐

(Attach a copy of current BOH License, if licensed in another Town)

OK.

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Prepackaged products in coolers - with freeze packs lined below trays.

REFRIGERATION: Not required ☒

Method of refrigeration:

Chocolates kept cool + transported in coolers. Display rotated.

GARBAGE AND RUBBISH:

Chapman Ave Bruno's w TFM provides trash cans.

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type handwashing sink in bathroom

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

Kathy O'Connell
Applicants/Owner Signature

3-18-20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0129

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date

2/19/2020

Fee

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant:

NICKYS Dipping oils

e-mail

11queens@hotmail

Mailing Address of Applicant:

15 Gosh Way, Tisbury

Name/Address of Event/Occasion:

W.T. Farmers mkt

Telephone Number:

508 560 2866

Emergency #

508 696 4301

Name of Event/Occasion

Saturdays

Date(s)/Time of Event:

May - Oct

Non-Profit:

Yes

No



Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Dipping oils

Vinegars

Samples

Preparation/Cooking Facilities:

On Site:

Yes

No

Describe facilities & Equipment

Off Site:

Yes



No

If yes, Where?

Home

(Attach a copy of current BOH License, if licensed in another Town)

OK ✓

TYPE OF SERVICE: Single service YES _____ NO ✓

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATION: Not required ✓ Method of refrigeration: _____

GARABAGE AND RUBBISH: Vendor will take away

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type on site

Hair restraints: YES _____ NO ✓

Disposable Gloves provided: YES _____ NO ✓

Sanitizer and test Kit on site: YES _____ NO ✓

Thermometer on site: YES _____ NO ✓

[Signature]
Applicants/Owners Signature

2/19/2020
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

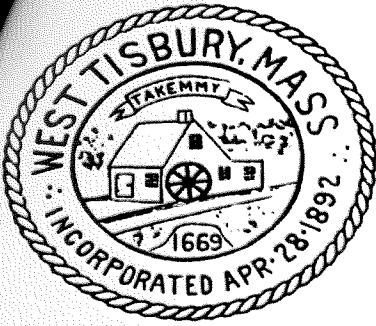
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0132

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/19/20

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: The Farm Institute e-mail lbrown@thefarminstitute.org
Mailing Address of Applicant: PO Box 1068 Edgartown, MA 02539
Name/Address of Event/Occasion: WT Saturday Farmers Market, Grande Hall
Telephone Number: 508-627-7007 Emergency # 508-243-7105
Name of Event/Occasion: WT FM
Date(s)/Time of Event: Saturdays 9-12 9/13-10/10
Non-Profit: Yes ☒ No ☐ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served	Source
<u>Frozen beef, pork, and lamb raised at the</u>	
<u>Farm Institute and processed at USDA-certified</u>	
<u>Meatworks in Westport, MA</u>	
<u>Occasional fruit + vegetables from the Farm</u>	

Preparation/Cooking Facilities:

On Site: Yes _____ No ☒ Describe facilities & Equipment _____

Off Site: Yes _____ No ☒ If yes, Where? _____

(Attach a copy of current BOH License, if licensed in another Town)

OK ✓

TYPE OF SERVICE: Single service YES _____ NO ☒

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Meat will be kept in coolers with ice packs + thermometers

REFRIGERATION: Not required _____

Method of refrigeration: Coolers

with ice packs

GARABAGE AND RUBBISH:

Carry in + carry out!

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type N/A

Hair restraints: YES _____ NO ☒

Disposable Gloves provided: YES _____ NO ☒

Sanitizer and test Kit on site: YES _____ NO ☒

Thermometer on site: YES ☒ NO _____

[Signature]
Applicants/Owners Signature

3/18/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

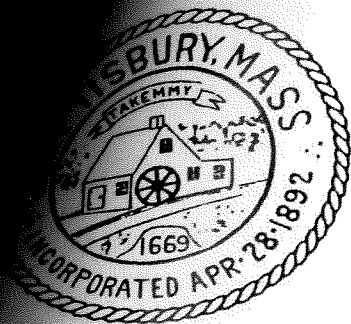
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0138

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 7 March 2020

Fee \$75

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Sarah + Ali Flanders / Salt Rock Chocolate e-mail saltrockchocolate@gmail.com

Mailing Address of Applicant: PO Box 317, Chilmark, MA 02535

Name/Address of Event/Occasion: WT Farmers Market, Grange Hall

Telephone Number: 508 449 0708 Emergency # 508 560 1090

Name of Event/Occasion WT Farmers Market

Date(s)/Time of Event: Every Wed, June 17 - Sept 2

Non-Profit: Yes ☐ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Small-batch, hand-crafted chocolates in various
packaging

Preparation/Cooking Facilities:

On Site: Yes ☐ No ☒ Describe facilities & Equipment

Off Site: Yes ☒ No ☐ If yes, Where? Commercial kitchen

(Attach a copy of current BOH License, if licensed in another Town)

OK

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Boxes of chocolate will be stored in coolers + bins in the shade.

IF its very hot, coolers ~~will~~ will have cold packs. Chloridise gloves used if we ever need to touch chocolate

REFRIGERATION: Not required ☒ Method of refrigeration: _____

GARABAGE AND RUBBISH:

We don't anticipate making any but we will always bring in + art our own trash bags

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

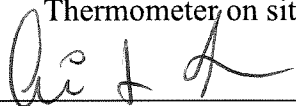
Location of hand washing facilities/type _____

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☐ NO ☒


Applicants/Owners Signature

7 March 2020
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

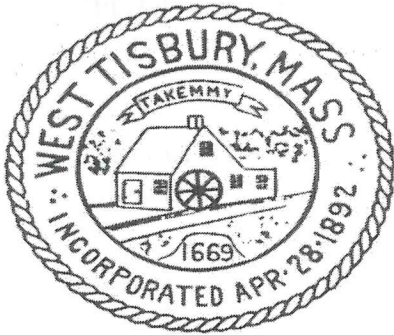
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3-17-20

Fee 75

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: Beth's BAKERY e-mail Bethmo@comcast.net

Mailing Address of Applicant: PO Box 244 W.T. MA 02575

Name/Address of Event/Occasion: West Tisbury Farm Market

Telephone Number: 508 696 3087 Emergency # 774 563 8390

Name of Event/Occasion WTFM

Date(s)/Time of Event: June - Oct SAT

Non-Profit: Yes ☐ No ☒ Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

Yeast Breads New York Breads Bagels Flat Breads PIZZA

Calzones stromboli Biscuits Biscotti muffins scones

Tarts tart sandwiches toast Pies Pastries cakes cookies Danish

Baked fruit Roasted vegetables Coddles ~~whatever~~ whatever combinations

Bread crumbs croissants

Preparation/Cooking Facilities:

On Site: Yes ☐ No ☒ Describe facilities & Equipment

Off Site: Yes ☒ No ☐ If yes, Where?

(Attach a copy of current BOH License, if licensed in another Town)

TYPE OF SERVICE: Single service YES _____ NO _____

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATION: Not required Method of refrigeration: _____

GARABAGE AND RUBBISH: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for
PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type _____

Hair restraints: YES _____ NO _____

Disposable Gloves provided: YES _____ NO _____

Sanitizer and test Kit on site: YES _____ NO _____

Thermometer on site: YES _____ NO _____

D. L. M.
Applicants/Owners Signature

3-17-20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

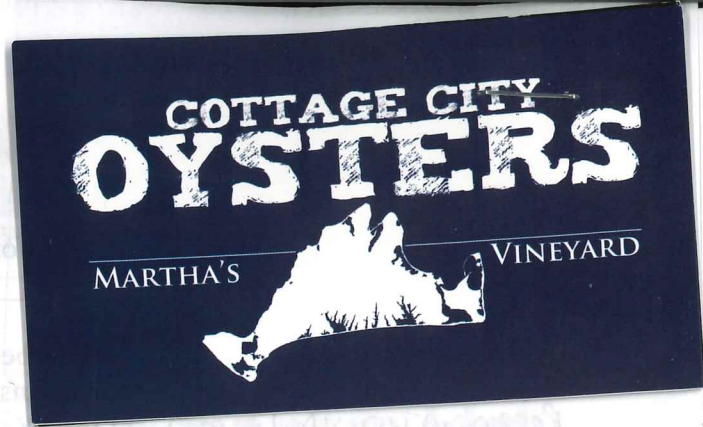
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 4/20/20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Dan Martino e-mail DAN-MARTINO@hotmail.com
Mailing Address of Applicant: 16 WEBAQUA RD, VH MA 02568
Name/Address of Event/Occasion: WT FARMERS MARKET
Telephone Number: 713-825-5190 Emergency # _____
Name of Event/Occasion: FARMERS MARKET
Date(s)/Time of Event: 2020

Non-Profit: Yes _____ No _____ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served	Source
<u>OYSTERS</u>	<u>OUR WHOLESALE LICENSE</u>
<u>CLAMS</u>	<u>(FARMERS, FISHERMAN)</u>

SEA SCALLOPS

Preparation/Cooking Facilities:

On Site: Yes _____

No ☒ Describe facilities & Equipment _____

Off Site: Yes _____

No ☒ If yes, Where? _____

(Attach a copy of current BOH License, if licensed in another Town)

new

TYPE OF SERVICE: Single service YES _____ NO ☒

Describe washing facilities for service and/or utensils NONE needed

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATED VAN AND ELECTRIC FREEZER. ICE. Food handlers wear gloves AND MASKS. REGULAR TEMP CHECKS EVERY HOUR. PRODUCT LEAVES FACILITY CHILLED/STILL CHILLED.

REFRIGERATION: Not required _____

Method of refrigeration: VAN (110V plug) AND portable freezer. (electric)

GARBAGE AND RUBBISH:

NONE, @

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type gloves.

Hair restraints: YES ☒ NO _____

Disposable Gloves provided: YES ☒ NO _____

Sanitizer and test Kit on site: YES ☒ NO _____

Thermometer on site: YES ☒ NO _____

[Signature]
Applicants/Owners Signature

4/20/20
Date

INSPECTORS RECOMMENDATIONS:

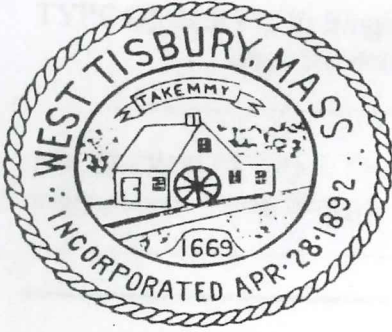
ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____ DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 2/27

Fee 75.00-

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: James Walters e-mail James@jwalter.com

Mailing Address of Applicant: 860 State Rd

Name/Address of Event/Occasion: Farmers Market

Telephone Number: 617-645-1502 Emergency # -

Name of Event/Occasion Farmers Market

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Kombucha

Preparation/Cooking Facilities:

On Site: Yes _____

No ☒ Describe facilities & Equipment

Off Site: Yes ☒

No _____ If yes, Where? the barbers

(Attach a copy of current BOH License, if licensed in another Town)

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATION: Not required ☒ Method of refrigeration: _____

GARABAGE AND RUBBISH:

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type Chemical

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☐ NO ☒

Sanitizer and test Kit on site: YES ☐ NO ☒

Thermometer on site: YES ☒ NO ☐

[Signature]
Applicants/Owners Signature

2/27
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/2/2020

Fee \$75

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: OLIVIA PATISON / CINNAMON STARSHIP e-mail OLIVIA@CINNAMONSTARSHIP.COM

Mailing Address of Applicant: P.O. BOX 639 OAK BLUFFS, MA 02557

Name/Address of Event/Occasion: WEST TISBURY FARMERS MARKET / GRANGE HALL WT

Telephone Number: 518-366-0968 Emergency # 203-215-8385

Name of Event/Occasion WEST TISBURY FARMERS MARKET

Date(s)/Time of Event: WEDNESDAY + SATURDAYS 9-12 JUNE - SEPTEMBER

Non-Profit: Yes ☐ No ☒ Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

SOY-DOUGH BREAD, FOCACCIA, PIES, GALETTES, PASTRIES,

COOKIES, CAKES + SANDWICHES (BRAISED PORK + PICKLES, MEDITERRANEAN

CHICKEN SALAD, WHIPPED FETA + VEGGIES, SUMMER TOMATO, BANH MI,

ROAST BEEF, HAM + BUTTER, MEATLOAF - A ROTATING MENU)

Preparation/Cooking Facilities:

On Site: Yes ☐

No ☐ Describe facilities & Equipment

Off Site: Yes ☒

No ☐ If yes, Where?

SCOTISH BAKEHOUSE + THE LARDER

(Attach a copy of current BOH License, if licensed in another Town)

OK

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

SANDWICHES MADE RIGHT BEFORE MARKET, STORED AND TRANSPORTED IN COOLERS
WITH THERMOMETERS. DISPLAY SANDWICHES ARE NOT SOLD. DISPLAY PASTRIES ARE NOT SOLD.
PASTRIES ARE STORED IN CLOSED CONTAINERS DURING MARKET + TRANSPORT.

REFRIGERATION: Not required _____ Method of refrigeration: COOLERS

GARABAGE AND RUBBISH:

WT FARMERS MARKET

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for
PIC. Need at least one PIC per Booth)

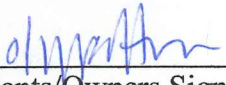
Location of hand washing facilities/type GRANGE HALL BATHROOM

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☐ NO ☒

Thermometer on site: YES ☒ NO ☐


Applicants/Owners Signature

3/2/2020
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



**TOWN OF WEST TISBURY
BOARD OF HEALTH**
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/10/20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Morning Glory Farm e-mail meg@morninggloryfarm.com
Mailing Address of Applicant: 120 Meshacket Rd., Edgartown, MA 02539
Name/Address of Event/Occasion: West Tisbury Farmers Market
Telephone Number: 508 627 9003 Emergency # _____
Name of Event/Occasion: West Tisbury Farmers Market Summer 2020
Date(s)/Time of Event: June - Oct 9-12, Wednesdays & Sundays
Non-Profit: Yes _____ No X Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

- cold soups for reheating
- baked goods, preserves, pestos,
- weekly produce kits, roast peppers in container.

Preparation/Cooking Facilities:

On Site: Yes _____ No ✓ Describe facilities & Equipment _____

Off Site: Yes ✓ No _____. If yes, Where? Edgartown Facility & Morning Glory BOH Approved
(Attach a copy of current BOH License, if licensed in another Town)

✓

TYPE OF SERVICE: Single service YES ☒ NO ☐
Describe washing facilities for service and/or utensils N/A

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Ice, cooler, Freezer Packs, thermometer, SOP on for staff.

REFRIGERATION: Not required ☐ Method of refrigeration: ☒
Sanitized coolers w/ ice

GARABAGE AND RUBBISH:

N/A - No take away containers, peppers to go.

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type on site

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

*Food handler cert on
File from 2019
ex.2023

Meeghan Athearn 3/10/20
Applicants/Owners Signature Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

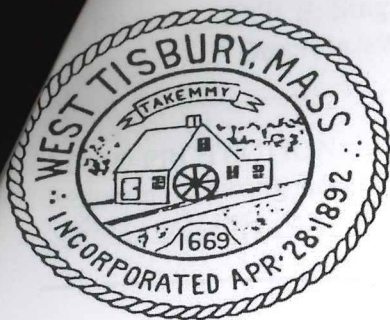
Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0119

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3.18.20

Fee \$75.

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: CHILMARK COFFEE CO. e-mail chilmarkcoffee@gmail.com

Mailing Address of Applicant: 12 LAGERMAN LANE

Name/Address of Event/Occasion: WEST TISBURY FARMERS MARKET

Telephone Number: 508 560 1061 Emergency # 508 645 2858

Name of Event/Occasion WEST TISBURY FARMERS MARKET

Date(s)/Time of Event: JUNE 13 - OCT 10 2020

Non-Profit: Yes No X Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

HOT COFFEE

CHILMARK COFFEE

ESPRESSO

ON-SITE

COLD BROW

CHILMARK COFFEE

Preparation/Cooking Facilities:

On Site: Yes

No X Describe facilities & Equipment

Off Site: Yes X

No . If yes, Where? CHILMARK COFFEE

(Attach a copy of current BOH License, if licensed in another Town)

SEVERAL ITEMS IN PROCESS DUE TO COVID-19
APPROVAL BY CHILMARK BOH - NO LICENSE YET
SERVE SAFE - ONLINE NOW - IN PROCESS

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

HAND CLEANER - SANITIZER, HATS

REFRIGERATION: Not required _____ Method of refrigeration: COOLER w/ICE

GARABAGE AND RUBBISH:

COMPOST & GARBAGE CANS

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2 (Attach copies of food handlers certificate for **PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type GRANITE HALL

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

[Signature]
Applicants/Owners Signature

3-18-20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

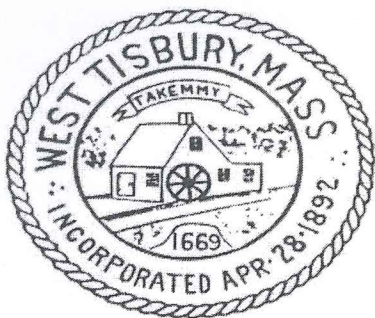
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/5/2020

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Heidi Feldman e-mail downislandfarm@gmail.com
Mailing Address of Applicant: 280 Takemmy Path UH MA 02568
Name/Address of Event/Occasion: WTFM @ Orange Hall
Telephone Number: 508-560-3315 Emergency # 508-560-3317
Name of Event/Occasion WT Farmers Market
Date(s)/Time of Event: June - Sept 2020
Non-Profit: Yes ☒ No ☒ Tax Exempt # ~~SEE WTFM for work~~

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served	Source
<u>Commercially Purchased Bread</u>	<u>From Cronigs / Stop & Shop</u>
<u>"</u>	<u>"</u>
<u>Olive Oil</u>	<u>"</u>

w/ MV Sea Salt

☒ Preparation/Cooking Facilities:

On Site: Yes ☐ No ☒ Describe facilities & Equipment

Off Site: Yes ☒ No ☐ If yes, Where? 280 Takemmy Path

(Attach a copy of current BOH License, if licensed in another Town)

Will cut bread @ this location.

✓

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

All items being served will be held at ambient temperature. no refridge or heating required/needed. All items will be covered when held and approx 1 oz of out

REFRIGERATION: Not required ☒ Method of refrigeration: _____

in small amounts
(with sanitiz
gloves/
tongs)

GARABAGE AND RUBBISH:

@ the Market and @ booth

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type inside Glange

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☐ NO ☒

Thermometer on site: YES ☐ NO ☒

[Signature]

Applicants/Owners Signature

3/5/2020

Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020 - 0121

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/8/20

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: THE GOOD FARM e-mail thegoodfarmmv@gmail.com

Mailing Address of Applicant: P.O. Box 4275, V.H., MA 02568

Name/Address of Event/Occasion: _____

Telephone Number: (714) 785-0112 Emergency # _____

Name of Event/Occasion WTFM, WEDS & SAT 9-12

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No X Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served _____ Source _____

SEE ATTACHED

Preparation/Cooking Facilities:

On Site: Yes X

No _____ Describe facilities & Equipment

FOOD TRAILER

Off Site: Yes X

No _____ If yes, Where? THE LARDER, 342 STATE RD
V.H., MA 02568

(Attach a copy of current BOH License, if licensed in another Town)

NO ATTACHMENT

NO LICENSE ✓

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils 3 BAY SINK IN TRALER

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

COOLERS w/ ICE & MECHANICAL REFRIGERATION

REFRIGERATION: Not required ☐

Method of refrigeration: COOLERS, FRIDGE, FREEZER

GARABAGE AND RUBBISH:

N/A

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

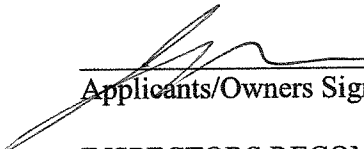
Location of hand washing facilities/type IN TRAILER, SINK

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

_____
Applicants/Owners Signature

3/8/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

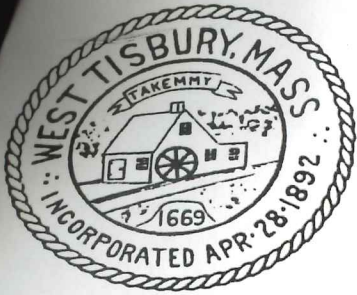
Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0124

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date March 20, 20

Fee 7500

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: KITCHEN Patch

e-mail jane@kitchenpatch.com

Mailing Address of Applicant: 54 Hewing Field Chilmark MA

Name/Address of Event/Occasion: Farmer's Market WT

Telephone Number: 508 360 4491 Emergency # 508 360 9388

Name of Event/Occasion

Date(s)/Time of Event: Wed + Sat Farmer's Market

Non-Profit: Yes

☒ No

Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

sandwiches, salads, dressing, dips, spreads, tea
Preserves, spices, jams, chutnies, Kombucha,
Packaged dinners, Sausage sandwiches, flatbread,
Pretzels, baked goods, bread - our farm products: meat
& eggs

Preparation/Cooking Facilities:

On Site: Yes ☐

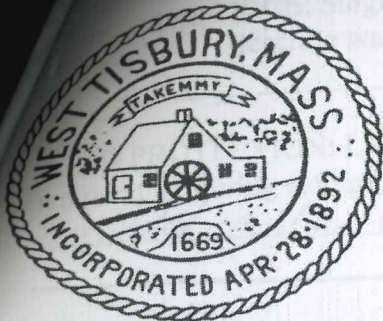
No ☐ Describe facilities & Equipment

Off Site: Yes ☒

No ☐ If yes, Where? 14 A ST. Edgartown
MASS

(Attach a copy of current BOH License, if licensed in another Town)

(Edgartown - current
they have not sent it to me) ✓



2020-0125

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3-20-20

Fee 75

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: Little Rock Farm e-mail littlerockfarm@comcast.net

Mailing Address of Applicant: 3 Little Rock Way, West Tisbury, MA 02575

Name/Address of Event/Occasion: West Tisbury Farmers Market

Telephone Number: 508-693-5657 Emergency # _____

Name of Event/Occasion: West Tisbury Farmers Market

Date(s)/Time of Event: SAT & SUN

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

hot & cold coffee, real tea, baked goods - pies, muffins, croissants, cinnamon buns, cookies,
bruschetta, cupcakes, granola scones, prepared food (to take home) - galettes, cheese
quiche

Preparation/Cooking Facilities:

On Site: Yes _____

No ☒ Describe facilities & Equipment _____

Off Site: Yes _____ No ☒ If yes, Where? _____

Little Rock Farm commercial kitchen, Oak Bluffs

(Attach a copy of current BOH License, if licensed in another Town)

Expired O.B. License ☒

TYPE OF SERVICE: Single service YES ☒ NO ☐
Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

insulated cooler can keep out cooler

REFRIGERATION: Not required _____ Method of refrigeration: insulated cooler

GARBAGE AND RUBBISH:

on sight

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth _____ (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type on sight

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☐ NO ☐

Thermometer on site: YES ☒ NO ☐

Peter J. Korman
Applicants/Owners Signature

3-20-20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0126

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/11/20

Fee \$75

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: mermaid farm e-mail mermaidfarm@comcast.net

Mailing Address of Applicant: 9 middle Road Chilmark MA

Name/Address of Event/Occasion: WTFM

Telephone Number: 508 939 0140 Emergency # 911

Name of Event/Occasion: _____

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No X Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source
scalded yogurt drink, Yogurt, Frozen meat
produced at 9 middle Rd.

Preparation/Cooking Facilities:

On Site: Yes

(No)

Describe facilities & Equipment

State licenced Dairy

Off Site: Yes _____

No _____ If yes, Where? 9 middle Rd

(Attach a copy of current BOH License, if licensed in another Town)

Need copy of state license

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

all food is sealed, ~~Do not~~ ~~to go to dark ice~~ + frozen packs
in coolers

REFRIGERATION: Not required ☒ Method of refrigeration: _____

GARABAGE AND RUBBISH: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth _____

(Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type _____

Hair restraints: YES _____ NO ☒

Disposable Gloves provided: YES _____ NO _____

Sanitizer and test Kit on site: YES _____ NO _____

Thermometer on site: YES ☒ NO _____

all [signature]
Applicants/Owners Signature

3/11/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

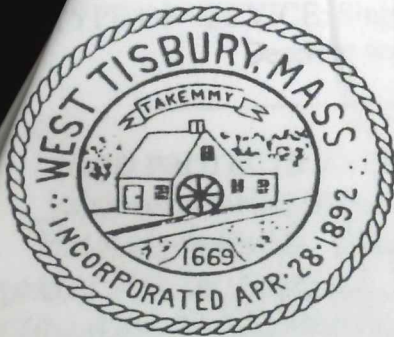
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0131

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3.18.20

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Re Chicks e-mail mymurmaid@gmail.com
Mailing Address of Applicant: 2 Eliakins Way VH MA 02568
Name/Address of Event/Occasion: WTFM Summer Mkt.
Telephone Number: 774.563.8562 Emergency # 774.563.0901
Name of Event/Occasion WTFM Summer Mkt.
Date(s)/Time of Event: W/Sat 9-12 June 13-Oct. 10
Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Pies, cookies, scones, pastries, granola, quiche,
calus, homemade pastas, bread, iced tea.

All food prepared @ 395 State Rd. VH 02568

Preparation/Cooking Facilities:

On Site: Yes _____ No ☒ Describe facilities & Equipment _____

Off Site: Yes ☒ No _____. If yes, Where? 395 State Rd. VH

(Attach a copy of current BOH License, if licensed in another Town)

I am moving my kitchen from 280 Norton Ave. to
395 State Rd. (also in VH). Will attach/send BOH permit
after it is issued. We are currently building out the space.

A10
license

TYPE OF SERVICE: Single service YES _____ NO _____

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

*Pies sold boxed. Cookies sold individually wrapped. Pastries held in plastic
pastry box & served in pastry tissue & bagged. Cold pies & quiches, pasta
requiring refrigeration held in coolers with ice packs. Tea held in cold spring unit.*

REFRIGERATION: Not required _____

Method of refrigeration: ☒

*Dairy-based pies & products transported & held in coolers
with ice packs*

GARABAGE AND RUBBISH:

Provided by WTPM

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type _____

Hair restraints: YES ☒ NO _____

Disposable Gloves provided: YES ☒ NO _____

Sanitizer and test Kit on site: YES ☒ NO _____

Thermometer on site: YES ☒ NO _____

Christine Krissman
Applicants/Owners Signature

3.18.20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

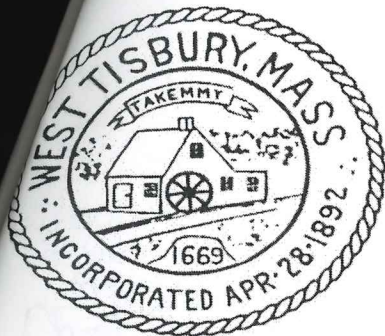
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/17/20

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Victoria R PHILLIPS e-mail vigerwt@comcast.net

Mailing Address of Applicant: P.O. BOX 416 West Tisbury, Ma. 02575

Name/Address of Event/Occasion: 22 Briarwood Lane WT

Telephone Number: 774 563 8135 Emergency # _____

Name of Event/Occasion: West Tisbury Farmers Market Grange Hall WT

Date(s)/Time of Event: June 13 - October 10th 2020

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Raspberry Lemon Ice

Beach Plum, wild Grape jam.

(unchanged since 1996)

Preparation/Cooking Facilities:

On Site: Yes _____

No ☒ Describe facilities & Equipment

Off Site: Yes ☒

No _____ If yes, Where? Residential Kitchen
Very Hot Water,

(Attach a copy of current BOH License, if licensed in another Town)

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils Full Service
Residential Kitchen - Very Hot Water

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Stove top: to cook Jam, to sterilize and seal jars
Chest freezer w/ thermometer for berries & frozen lemonade cans

REFRIGERATION: Not required ☐

Method of refrigeration:

IGLOO for ice Use only. For transportation to
West Tisbury Farmers Market.

GARABAGE AND RUBBISH:

disposal at Town Refuge

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for

PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type

on site. Full service sinks at Grange Hall

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

Applicants/Owners Signature

Date

Victoria K. Phillips 3/16/20

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

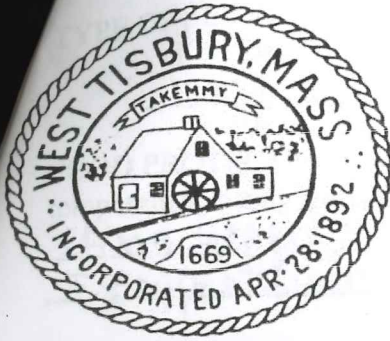
Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020 0137

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3-18-20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Lynne Daniels e-mail seaweed28@yahoo.com
Mailing Address of Applicant: Box 3036 Oak Bluffs, Ma 02557
Name/Address of Event/Occasion: Farmers Market
Telephone Number: 585-451-3115 Emergency # 585-451-3115
Name of Event/Occasion Farmers Market
Date(s)/Time of Event: [Redacted]

Non-Profit: Yes No ✓ Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served	Source
<u>Jams, Jellies, Canned Fruits, sweet breads, cookies, tarts,</u>	
<u>pies, dog Treats, Candy</u>	

Preparation/Cooking Facilities:

On Site: Yes No ✓ Describe facilities & Equipment

Off Site: Yes ✓ No . If yes, Where? 2 Marion Ave Oak Bluffs

(Attach a copy of current BOH License, if licensed in another Town)

Farm Address: 51 Road to The Plains, Edgartown, Ma 02539
under Old Town Gardens

Expired O.B. License

TYPE OF SERVICE: Single service YES _____ NO _____

Describe washing facilities for service and/or utensils _____

off sight preparation

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

items bagged or canned at offsite facility and prepared for transportation

REFRIGERATION: Not required ☒ Method of refrigeration: _____

GARABAGE AND RUBBISH:

on sight trash cans

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type facility bathroom

Hair restraints: YES ☒ NO _____

Disposable Gloves provided: YES ☒ NO _____

Sanitizer and test Kit on site: YES _____ NO ☒

Thermometer on site: YES _____ NO _____

Chapman
Applicants/Owners Signature

3-18-20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

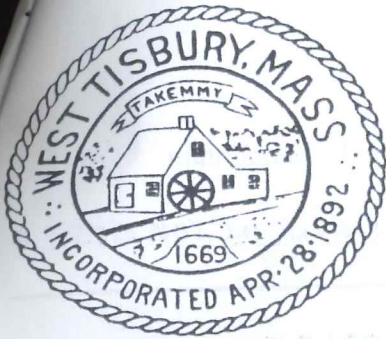
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0139

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3.19.2020

Fee \$75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: MARTHA'S VINEYARD SMOKE HOUSE e-mail MVSMOKEHOUSE@OUTLOOK.COM

Mailing Address of Applicant: P.O. BOX 850 EDGARTOWN MA 02539

Name/Address of Event/Occasion: WEST TISBURY FARMERS MARKET 2020

Telephone Number: 617.827.3328 Emergency # _____

Name of Event/Occasion

Date(s)/Time of Event: SAURDAYS: 6/13-10/10/2020; WEDS: 6/17-9/2/2020

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

SMOKED BLUEFISH SPREAD

SMOKED YELLOWFIN TUNA SPREAD

SMOKED WHITEFISH SPREAD

SMOKED MAHI SPREAD

SMOKED MACKEREL SPREAD

SMOKED FILET: BLUEFISH, BASS,
BONITO, TUNA

Preparation/Cooking Facilities:

On Site: Yes _____

No ☒ Describe facilities & Equipment

Off Site: Yes ☒ _____

No _____ If yes, Where? 23 UNDER

WAY (WATCHA PATH) EDGARTOWN MA 02539

(Attach a copy of current BOH License, if licensed in another Town)

NO License from Edgartown

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

SANITIZING SPRAY & SOAP & WATER ON SITE

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

SAMPLES WILL BE ON ICE & COVERED. ALL FOOD WILL REMAIN IN COOLERS, ON ICE WITH THERMOMETERS

REFRIGERATION: Not required ☐

Method of refrigeration: COOLERS

WITH ICE AROUND & ON TOP OF PRODUCT W/ THERMOMETERS

GARABAGE AND RUBBISH:

TRASH BARREL WITH COVER

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 2-3 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type BATHROOM ON SITE / HAND SANITIZER AT BOOTH

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

ally
Applicants/Owners Signature

3.19.2020
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

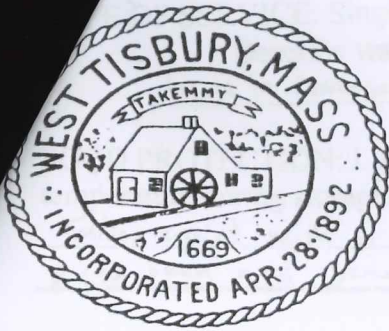
Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0141

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 2/25/20

Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: Nina Levin e-mail NinamLevin@gmail.com

Mailing Address of Applicant: PO Box 3067 West Tisbury MA 02575

Name/Address of Event/Occasion: Summer farmers market; wednesday 1067 St Rd

Telephone Number: 774 563 0755 Emergency # 774 563 0755

Name of Event/Occasion Summer west tisbury farmers market wednesday

Date(s)/Time of Event: wednesdays 9-12

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

Wood fired Pizza

All food prepared at The Larder commissary kitchen

Wood fired Sicilian style pizza

Homemade "Sodas"

Preparation/Cooking Facilities:

On Site: Yes ☒ No _____ Describe facilities & Equipment

Mobile wood fired oven, heating pizza's and preparing + cooking pizza

Off Site: Yes ☒ No _____. If yes, Where? _____

all prep besides cooking of pizza done at Commissary kitchen, The Larder
(Attach a copy of current BOH License, if licensed in another Town)

NO License from Larder

TYPE OF SERVICE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils All used utensils brought back to commissary. Single use paper plates + napkins for service

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Trailer eqipt with a 60" cooler; plugged into a generator. Food is cooked in 800°F pizza oven and served on single use plates and boxes.

REFRIGERATION: Not required ☐ Method of refrigeration: 60" worktop lowboy cooler powered by generator

GARABAGE AND RUBBISH:

Taken off site to the dump with barrels on site

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 3 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type Sink on trailer

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

M. Li
Applicants/Owners Signature

Date

2/25/20

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied ☐

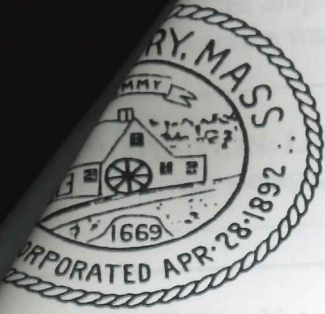
Reasons for denial: _____

PERMIT GRANTED ☐ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0142

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/15/20

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) *****Effective 7/1/2018*****

Name of applicant: Deborah Farber e-mail blkwater2@comcast.net

Mailing Address of Applicant: Box 939 WT

Name/Address of Event/Occasion: W.T. Farmers Mkt

Telephone Number: 774-563-0959 Emergency # _____

Name of Event/Occasion W.T. Farmers Mkt Summer / Fall 2020

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No ☒ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served Source

Frozen pkgs beef and Pork

Preparation/Cooking Facilities:

On Site: Yes _____ No _____ Describe facilities & Equipment _____

Off Site: Yes _____ No _____ If yes, Where? _____

(Attach a copy of current BOH License, if licensed in another Town)

SERVICE: Single service YES _____ NO ☒

Describe washing facilities for service and/or utensils _____

PROTECTION: List equipment to be used, describe measures to protect food and maintain
temperature during storage, display and transportation.

coolers with ice

REFRIGERATION: Not required ☒

Method of refrigeration: coolers with ice + thermometers

GARBAGE AND RUBBISH:

none

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth _____ (Attach copies of food handlers certificate for
PIC. Need at least one PIC per Booth)


Location of hand washing facilities/type _____

Hair restraints: YES _____ NO ☒

Disposable Gloves provided: YES _____ NO ☒

Sanitizer and test Kit on site: YES _____ NO ☒

Thermometer on site: YES ☒ NO _____


Applicants/Owners Signature

3/15/20
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____



2020-0143

TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date 3/4/2020

Fee 75.00

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: Karla Allen-Posina / Allen Farm e-mail karlaallenposina@gmail.com

Mailing Address of Applicant: 421 South Rd. Chilmark MA 02535

Name/Address of Event/Occasion: WT Farmer's Market - Wednesdays

Telephone Number: 508-331-5797 Emergency # 508-645-9064

Name of Event/Occasion WT Farmer's Market - Wednesdays

Date(s)/Time of Event: Weds, June 17 - Sept 2, 9-12pm

Non-Profit: Yes ☐ No ☒ Tax Exempt #

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served

Source

our own freerange organic eggs - Allen Farm

organic grass-fed lamb Allen Farm

organic free-range chicken (whole) - Allen Farm

fresh vegetables - Allen Farm

Preparation/Cooking Facilities:

On Site: Yes ☒ No ☐

Describe facilities & Equipment

wash vegetables, pack food into coolers

Off Site:

Yes ☐ No ☐

If yes, Where?

(Attach a copy of current BOH License, if licensed in another Town)

CE: Single service YES ☒ NO ☐

Describe washing facilities for service and/or utensils _____

PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Vegetables will be rinsed in clean plastic totes. All meat is frozen, and will be transferred to coolers with temperature taken at farm + at market.

REFRIGERATION: Not required _____ Method of refrigeration: coolers

GARABAGE AND RUBBISH:

No need for rubbish disposal

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1-2 (Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth)

Location of hand washing facilities/type @ Farmer's market

Hair restraints: YES ☒ NO ☐

Disposable Gloves provided: YES ☒ NO ☐

Sanitizer and test Kit on site: YES ☒ NO ☐

Thermometer on site: YES ☒ NO ☐

[Signature]
Applicants/Owners Signature

3/5/2020
Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____