APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

_____

Name of Establishment   Operator   Contact Telephone

_____

Name of Event and Location   Date(s) of Event and Hours of Operation

_____

Operator Mailing Address   Email

1. Before completing this application, read Food Safety at Temporary Events and the temporary food service "Are You Ready?" Checklist. Have you read this material?   _____ **YES**   _____ **NO**

2. Menu: Attach or list **all** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

_____

_____

3. Will all foods be prepared at the temporary food service booth?

_____ **YES**   Fill   out **Section B** below.

_____ **NO**   1. Attach a copy of the food permit and agreement for use of another   2. Fill out both **Sections**
                                       approved kitchen giving dates and times.   **A and B** below.

4. List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s):_____

Source and storage of water/ice:_____

Storage and disposal of wastewater:_____

Storage and disposal of garbage:_____

6. On the back of this page, draw a sketch of the booth.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X., Federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulations

_____

APPLICANT'S SIGNATURE   DATE

Plan Review:

A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces:_____
_____
_____

BOARD OF HEALTH COMMENTS:

_____
PERMIT NUMBER   APPROVED BY: DATE

Copy to Applicant:____ In Person   _____ Mailed   Date_____