

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED AND
SUBMITTED TO THE HEALTH DEPARTMENT WITH APPLICABLE FEES**

Fee: \$50.00

Date: _____

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Address: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Type of Event: _____

Date of Event: _____

Location of Event: _____

FOOD TRUCKS: Commissary Name & Address _____

MENU (Please attach a copy of the menu or list all menu items)

Will preparation of food be performed at Food Service Booth Yes ____ No ____

{ If food is prepared off site, provide copy of the permit of the approved food source(s);

If yes, please address the following questions:

List all potentially hazardous food items (beef, pork, chicken and fish) and describe hot holding/cold holding and transportation.

- _____
- _____
- _____
- _____
- _____

Provide Potable Water/Ice Source
(Cooling Ice is not potable ice)

Provide Hand Wash/Sanitizer.

Have a Rubbish Disposal /Site Clean-up Procedure in place.

Provide Refuse Containers (bag lined) (Min. 2 containers):

Will there be Restroom Availability? Yes: _____ No: _____

Provide Hair Restraints & Gloves available.

Provide Sanitizer in a labeled bottle or bucket for cleaning purposes.

Store Potentially Hazard Food separate from Ready to Eat Foods.

***** INCLUDE COPIES OF YOUR SERVSAFE FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS CERTIFICATION AND MENU.**

***** FOOD TRUCKS: ALSO INCLUDE YOUR STATE HAWKERS LICENSE, TOWN PERMIT IF YOU HAVE ONE.**

I understand that I must comply with all local, state and federal regulations governing food establishments and that the issuance of this permit does not release me from the obligation to obtain any other permits or licenses required by any other regulatory agency. I have a copy of the food code 105 CMR 590.000 available to me and I am familiar with the USPHS Food Code 1999.

(BOH FINAL INSPECTION MUST BE CONDUCTED PRIOR TO COMMENCEMENT OF OPERATIONS)

Applicant Signature

Date: _____

Marlborough Health Department
Director of Public Health

Approval _____ Date: _____