



# CITY OF MARLBOROUGH

## BOARD OF HEALTH

140 Main Street, Lower Level  
Marlborough, Massachusetts 01752  
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Robin Williams, Chairman  
James Griffin, Member  
Joseph Tennyson, MD, Member  
Tel (508) 460-3751

**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: \_\_\_\_\_

### **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**

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: \_\_\_\_\_