

## SUNDERLAND BOARD OF HEALTH

12 School Street Sunderland, MA 01375

Phone#: 413-665-1441 x6 Fax#: 413-665-1446 boardofhealth@townofsunderland.us

## **TEMPORARY FOOD PERMIT APPLICATION**

Date of Application:	
Establishment Name/DBA	A:
Event L	ocation:
Date(s)	of Service:
<b>BUSINESS</b> Telep	hone:
Applicant Name and Title	:
Applicant Addre	ss: City/State/Zip:
	none & <b>EMAIL</b> :
Name of Manager:	
Address:	
Telephone:	Cell Phone#:
Hours of Operat	ion:
-	ting this application please read "Food Safety at Temporary Events and the Temporary Food "and "Are You Ready?" checklist. (Both documents are attached)
	this material and do you understand this material? (circle one) YES NO
	tems you intend to serve. Any changes must be submitted and approved by the Board of five (5) days prior to the event.
Will all foods	be <u>prepared</u> at the temporary food establishment booth?
YES	1. Fill out <b>Section B</b> below.
NO	2. Fill out both A and B below.

Include dates and times of food preparation that is NOT taking place at the Booth/Event and attach a copy of the BASE OF OPERATIONS food permit. (For example, if you are preparing quantities of chili at a church kitchen or licensed restaurant, we need to know where the kitchen is and when the food will be prepared prior to the event.)

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• List each food item prepared and for each item *check which preparation procedure will occur*.

# **SECTION A:** At the base of operations (approved commercial kitchen):

Date/Time	Food Item	Thaw	Cut/Assemble	Cook	Cold Holding	Reheat	Hot Holding

## **SECTION B:** At the Booth:

Food Item	Thaw	Cut/Assemble	Cook	Cold Holding	Reheat	Hot Holding

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

5. Fil	l out the following:
•	Food Source(s): list food suppliers:
•	Source and storage of water/ice:
•	Storage and disposal of wastewater:
•	Storage and disposal of trash:

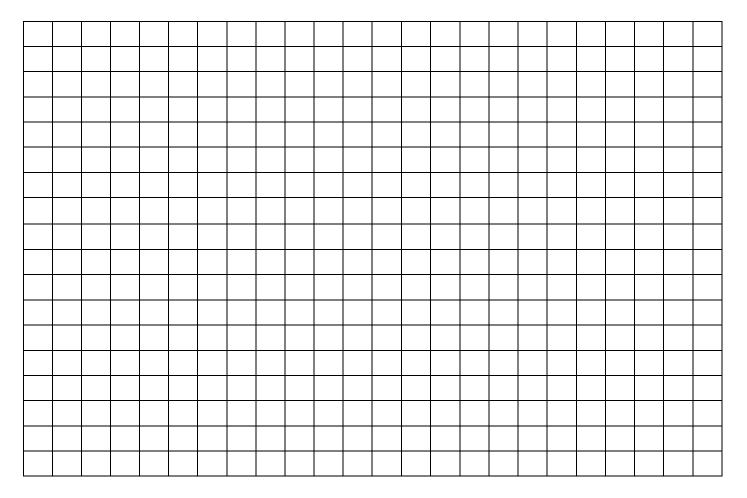
MEANS FOR HANDWASHING: MUST HAVE <u>DEDICATED</u> WATER, SOAP AND PAPER TOWELS (TEMPORARY BOOTH ONLY MAY USE URN WITH SPIGOT, CONTAINING WATER, PUMP HAND SOAP, PAPER TOWEL AND A CATCH BASIN FOR USED WATER AND TRASH RECEPTICAL FOR USED PAPER TOWELS. Mobile units shall have self-contained hand sinks and three-bay sinks.

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	6.	Draw	a sketch	of the	booth	below
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I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments – Article X and the above described establishment will be operated and maintained in accordance with the regulations.

- Application Fee is Non-Refundable
- Application Fee is DUE with application. Make Checks payable to: Town of Sunderland

NO PERMIT WILL BE ISSUED UNLESS A COPY OF YOUR <u>FOOD MANAGER TRAINING CERTIFICATE</u> AND <u>ALLERGEN AWARENESS CERTIFICATE</u> ACCOMPANIES THIS APPLICATION.
THE TRAINING MUST BE RECOGNIZED BY THE MASSACHUSETTS DEPT. OF PUBLIC HEALTH.

 Applicantøs S	ignature / Date	Printed Name / Title	
OFFICE USE ONLY:	Permit Fee: \$	( ) Cash ( ) Check #: Date Pd:	
PERMIT #:	DATE ISSUED:	DATE EXPIRES:	