



TOWN OF MASHPEE
 BOARD OF HEALTH
 16 Great Neck Road North, Mashpee, MA 02649
 (508) 539-1426

Permit # _____
 Fee: \$ 50.00
 Date: _____

**APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT
 (APPLICATION MUST BE SUBMITTED 14 DAYS PRIOR TO THE EVENT)**

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

 Name of Establishment Operator Contact Telephone

 Operator Mailing Address Social Security # or Federal ID

- 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.) Certified Food Protection Manager in Charge (provide copies of certification): _____
- 3.) 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: _____

4.) Describe how you will prevent bare hand contact with ready to eat foods: _____

- 5.) Will all foods be prepared at the temporary food service booth?
 YES Fill out **Section B** below: (Check off appropriate boxes.)
 NO 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.
 2. Fill out both **Sections A and B** below. (Check off appropriate boxes.)

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.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

6. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

7. Describe your hand washing facilities: _____

8. List type of sanitizer used: _____

9. Describe floor, wall and ceiling surfaces: _____

10. Draw a sketch of the booth below, identify all equipment including hand washing facilities, ware washing facilities, ranges, refrigerators, coolers, freezers, worktables, food/single service storage, etc. Note: A certificate from the Fire Department is required for all open flames.



BOARD OF HEALTH COMMENTS: _____

APPLICANTS SIGNATURE(S)

DATE

Note: If you are a non-profit agency please include a copy of your 501(c)(3)