BILLERICA BOARD OF HEALTH
TOWN HALL
365 Boston Road
Billerica, MA 01821
978-671-0931/Fax: 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

_____
Name of Establishment | Operator | Contact Telephone

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

_____
Operator Mailing Address

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 approved kitchen giving dates and times. 2. Fill out both **Sections 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_____