



Tyngsborough Board of Health

Town Hall
 25 Bryants Lane
 Tyngsborough, MA 01879
 Office: (978) 649-2300 Ext 118
 FAX: (978) 649-2301

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

~~\$20.00~~ per unit per day

Applicant/ Operator: _____ Title: _____
 Phone: _____ Cell Phone: _____ Email: _____
 Address of Applicant/ Operator: _____
 Name of Owner/Vendor: _____ Type of Vendor: _____
(Church, Organization, Business, etc.) (pushcart, booth, tent, table, etc.)
 Name of Event: _____ Location: _____
 Dates of Event: _____ Times of Event: _____
 Event Coordinator (if applicable): _____ Phone: _____ Email: _____

1. Have you read the temporary food service "Are You Ready?" Checklist? _____ 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 _____ NO
 If YES, Fill out **Section B** below.
 If NO, 1. Attach a copy of the food permit and agreement for use of an approved kitchen WITH dates and times.
 2. Fill out both **Section 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 _____

