



TOWN OF CONCORD

BOARD OF HEALTH
141 KEYES ROAD
CONCORD, MA 01742
(978) 318-3275 FAX: (978) 318-3281

Application for Temporary Food Service Establishment (Less than 15 days)

Must be submitted to Health Department minimum 14 days prior to event

Name of Applicant: _____ Phone: _____

Name of Establishment: _____

Address of Establishment: _____

Name of Event/Location of Event: _____

Date(s) of Event: _____ Hours of Operation: _____

| Type of Permit | Applicable Laws | Fee |
|---|------------------------|-------|
| <input type="radio"/> Temp Event w/ PHF ¹ | 105 CMR 590.009 (C) | \$100 |
| <input type="radio"/> Temp Event w/limited preparation of PHF's or approved PHF's | | \$35 |

I, the undersigned, hereby apply to the Concord Board of Health for a Temporary Food Service Establishment permit in accordance with M.G.L. Ch. 94, s. 328 and 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X, Federal Food Code 1999. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.²

Signature of Applicant

By: Corporate Officer

Social Security or FID Number

Date of Application

¹ PHF – Potentially Hazardous Foods

² Permit will not be issued unless certification clause is signed by applicant. Social Security Numbers will be furnished to Mass DOR to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Request is made I.A.W. MGL Ch. 62C, s. 49.



TOWN OF CONCORD

BOARD OF HEALTH
141 KEYES ROAD
CONCORD, MA 01742
(978) 318-3275 FAX: (978) 318-3281

Temporary Food Service Establishment Attachment #1

Operator Name _____ Contact Telephone _____

Operator Mailing Address _____

1. Before completing this form, please read "Food Safety at Temporary Events" and the Temporary Food Service - "Are you Ready?" checklist.

Have you read this material? Yes No

2. Attach a menu or list **all** items that will be served. Any changes must be submitted and approved by the Board of Health at least 14 days prior to event.

3. Will all foods be prepared at the Temporary Food Service Booth?

Yes Complete **Section B**

No Attach a copy of the food permit & agreement for use of another approved kitchen giving dates and times.

Complete **Sections A and B**

Section A – Approved Kitchen

List each potentially hazardous food item and for each item check which preparation procedure will occur.

| <u>Food Item</u> | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package |
|-------------------------|------|------------------|------|------|-----------------|--------|----------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Name of Approved Kitchen these procedures will take place _____

Please explain method of transport. How will food be maintained hot or cold?

Section B – At the Booth

List each potentially hazardous food item and for each item check which preparation procedure will occur.

| <u>Food Item</u> | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package |
|-------------------------|------|------------------|------|------|-----------------|--------|----------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- **Note: If your food preparation cannot fit on these charts, please list all of the steps taken to prepare each menu item on a separate sheet and attach it to this form.**

4. Food source(s): _____

Source of storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

Will there be electricity available? _____

Are there restroom facilities? _____

Plan Review

Please sketch the temporary food booth. 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.)

Describe floor, wall, and ceiling surfaces:

I certify that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X., Federal Food Code 1999 and that the described establishment will be operated and maintained in accordance with the regulations.

Applicant's Signature

Date

