



**Public Health**  
Prevent. Promote. Protect.

**GREENFIELD BOARD OF HEALTH**

*Town of Greenfield*

*14 Court Square*

*Greenfield, MA 01301*

*Phone: 1-413-772-1404 Fax: 1-413-772-2238*



**TEMPORARY FOOD SERVICE APPLICATION FORM**

**Please submit application to the Health Department at least 14 days prior to the event. PLEASE NOTE: Failure to submit application, completely and on time, will result in the doubling of fee for each unit.**

**Non-Refundable FEES**

**Please check which applies**

- Temporary Food \$30
- Non- profit exempt – Exemption #: \_\_\_\_\_
- Subsequent Temporary Food \$10
- Farmers Market \$40

**EVENT INFORMATION**

EVENT NAME: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_ EVENT TIME: \_\_\_\_\_

**VENDOR INFORMATION**

NAME OF ORGANIZATION: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: Day of Event ( ) \_\_\_\_\_

Structure: Booth (\_\_\_\_) Mobile Unit (\_\_\_\_) Tent (\_\_\_\_) Other (please describe) \_\_\_\_\_

1. It is required that at least one full-time person-in-charge has passed as accredited food protection management exam.\*

Name of Certified Food Protection Manager: \_\_\_\_\_

\*A copy of Food Managers Certification certificate is required with this application unless a current copy is already on file with the Greenfield Board of Health.

2. Will all foods be prepared at the temporary food service booth?

\_\_\_\_ YES

\_\_\_\_ NO Attach a copy of the food permit of the approved commercial kitchen and agreement for use of approved kitchen giving dates and times.

Menu: \_\_\_\_ attached or list **all** items below

List all **potentially hazardous foods** being served\*:

\_\_\_\_\_

List all **non-potentially hazardous** foods being served\*:

\_\_\_\_\_

\*Any changes must be submitted in writing to the Board of Health at least seven days prior to the event

3. YES \_\_\_\_\_ I am providing **no** foods, which are homemade. All foods are prepared on site from approved commercial establishments.  
**Name of Establishment:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

4. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 140\*f. Reheated potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day. **Describe hot holding equipment:**

\_\_\_\_\_  
\_\_\_\_\_

5. YES \_\_\_\_\_ I am providing the following cold temperature control for the cold holding of potentially hazardous foods. **Describe cold holding equipment:**

\_\_\_\_\_  
\_\_\_\_\_

6. A) YES \_\_\_\_\_ I am providing a metal stem-type thermometer (0-220\*f) to measure the hot and cold holding of potentially hazardous food.

B) YES \_\_\_\_\_ I am providing a thermometer for every refrigerator unit.

7. YES \_\_\_\_\_ I am providing alternative means to bare hand contact with ready-to-eat (RTE) foods. Please describe:

\_\_\_\_\_  
\_\_\_\_\_

8. Hand washing facilities: \_\_\_\_\_ **Plumbed sink** or \_\_\_\_\_ **Gravity flow container** (At minimum you need a 5 gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels, and a lined trash receptacle.)

9. Utensil washing facilities:

\_\_\_\_\_ **Three compartment sink.**

\_\_\_\_\_ **Three deep tubs or basins, one soapy water, one for rinse water and the other for sanitizing solution.**

10. I am protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods:

\_\_\_\_\_

11. Please use attached form drawing a sketch of your booth.

12. Yes \_\_\_\_\_ I have read and understand the "Are You Ready" checklist.

**I hereby consent to inspection by the Greenfield Board of Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy of which I have received.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Non profit Organizations are exempt from the permit fee, please include your non profit exempt number:**

\_\_\_\_\_.

**PLEASE NOTE: FAILURE TO SUBMIT APPLICATION, COMPLETELY AND ON TIME, WILL RESULT IN THE DOUBLING OF THE FEE FOR EACH UNIT.**

(Updated 4/29/2008)

# ATTENTION:

ALL MEATS MUST BE COMMERCIALY PREPARED AND BE IN BOXES OR PACKAGES WHICH BEAR THE USDA SYMBOL:



MEATS WHICH DO NOT BEAR THE USDA SYMBOL MAY BE SUBJECT TO CONFISCATION AND DESTRUCTION.

THANK YOU FOR YOUR ANTICIPATED COOPERATION.

**Chapter 62C: Section 49A Certification of compliance with tax laws as prerequisite to obtaining license or governmental contract.** In part states:

Section 49A. (a) Any person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or any subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business, or for the renewal of such right or license, shall certify upon such application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. Such right or license shall not be issued or renewed unless such certification is made.

My signature certifies under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes. I have fully complied with Chapter 62C; Section 49A.

Signature of Applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_

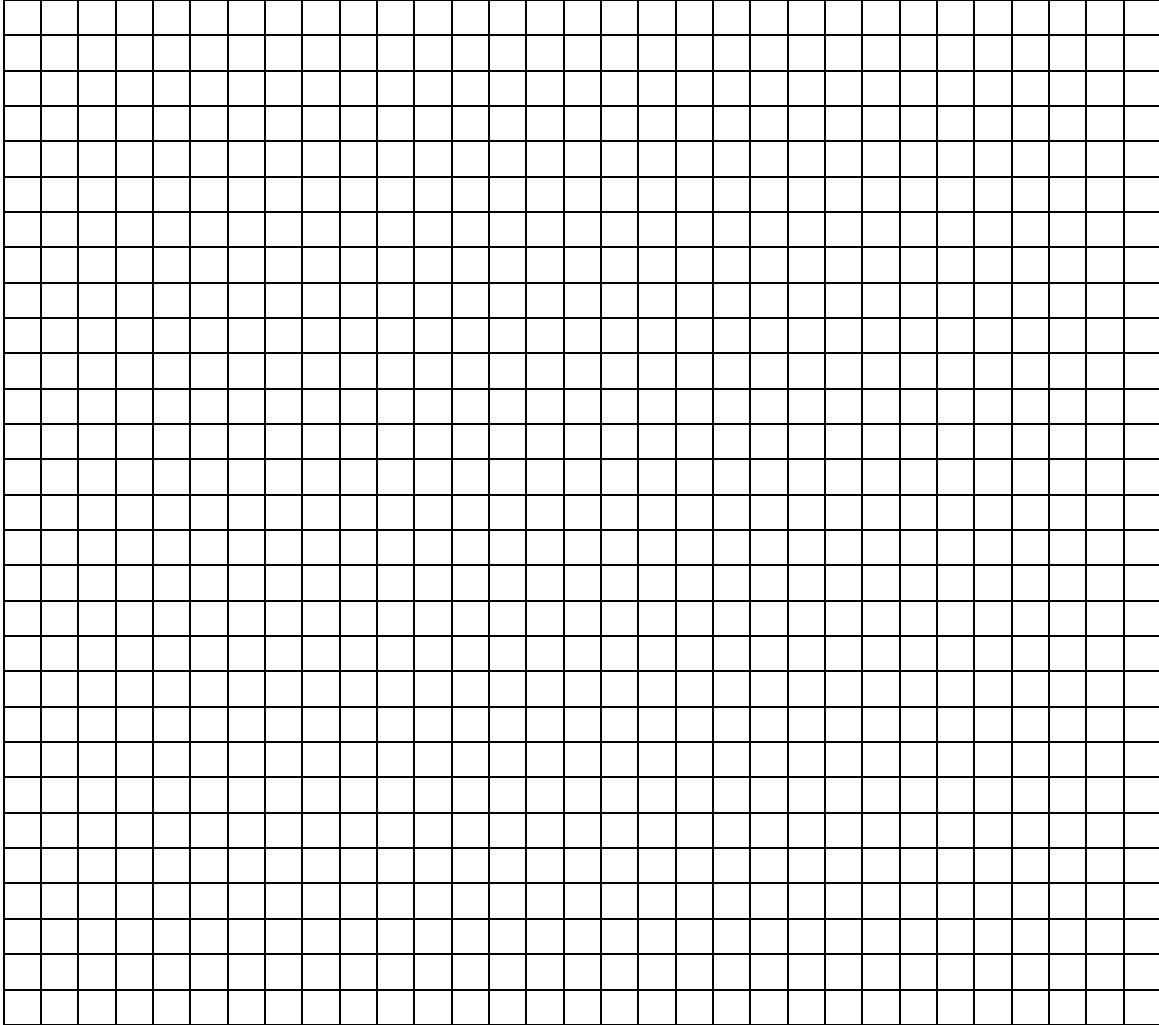
# Please draw a sketch of the booth

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: \_\_\_\_\_

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**BOARD OF HEALTH COMMENTS:**

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PERMIT NUMBER \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE \_\_\_\_\_

Copy to Applicant: \_\_\_\_\_ In Person \_\_\_\_\_ Mailed Date \_\_\_\_\_