



BOARD OF HEALTH

Town Hall 30 Martin Street, Essex, MA 01929-1219
Telephone (978) 768-7614 email: boh@essexma.org



Public Health
Prevent. Promote. Protect.

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

TFE Application with \$50.00 fee must be submitted 30 days prior to the event or late fees will apply.
N/C for Municipal or Non-Profit (tax ID required).

\$50 ___ 10 Business days prior to event \$75.00 ___ 5 business days prior to event.

NAME OF BUSINESS _____

DOING BUSINESS AS (d/b/a if applicable) _____

LOCATION OF EVENT _____

DATE OF EVENT / HOURS OF OPERATION _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE # _____ EMAIL ADDRESS: _____

OPERATOR CONTACT PERSON & PHONE # _____

Mobile /Push cart only:

List of handwash and toilet facilities available on each route attached? Circle one: **YES / NO**

1. Before completing this application, read Food Safety at a Temporary Events and the Temporary Food Establishment "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.

3. Will all food be prepared at the Temporary Food Establishment Booth?

___Yes, Fill out Section B on the next page.

___No, Attach a copy of the agreement for use of an approved food establishment, fill out Section A and B on the next page. Include dates and times of food preparation and a copy of the permit.

4. On the next page, list each food item prepared 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 Pkg.
1.								
2.								
3.								
4.								
5.								
6.								

SECTION B: AT THE BOOTH

Food	Thaw	Cut/Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Pkg.
1.								
2.								
3.								
4.								
5.								
6.								

NOTE: IF YOUR FOOD PREPARATION PROCEDURES CAN'T FILL THESE CHARTS, PLEASE LIST ALL OF THE STEPS IN PREPARING EACH MENU ITEM ON AN ATTACHED SHEET.

5. Food Sources: _____

6. Source and Storage of water / ice: _____

7. Storage and Disposal of wastewater: _____

8. Storage and Disposal of trash: _____

9. Draw a sketch of the booth on the back of this page (required), identify all equipment including hand washing facilities, dishwasher facilities, ranges, refrigerators, worktables, food/single service store, etc. Describe floor, wall and ceiling surfaces.

10. A Certificate from the Fire Department is required for all open flames.

I certify that I am familiar with 105 CMR 590.00 Minimum Sanitation Standards for Food Establishments, and the above described establishment will be operated and maintained in accordance with regulations.

Signature of Applicant _____ Date _____

Name of person in charge of food protection management, attach certificate (food service establishment ONLY).

Name: _____

Cell Phone #: _____

Certification# _____

Email Address: _____

BOARD OF HEALTH USE ONLY	Reviewed By	Date