



TOWN OF TOPSFIELD

Board of Health

8 West Common Street, Topsfield, Massachusetts 01983

(978) 887-1520/Fax (978) 887-1521



APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Fee: ___ \$50.00 less than 4 days (one event) or ___ \$75 full year (multiple events)

Name of Establishment _____ Operator _____ Contact Telephone _____

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

Operator Mailing Address _____ Email _____

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? Available at www.mass.gov/dph/fpp/retail_food. _____ 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: _____

