



Board of Health

TOWN OF BLANDFORD

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Blandford, MA 01008
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2023 TEMPORARY FOOD PERMIT APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE PERMIT FEE: \$50.00 Completed form, payment and supporting documentations MUST be submitted day of event. **Make checks payable to Town of Blandford**

EVENT INFORMATION

EVENT NAME: _____ EVENT LOCATION: _____
EVENT DATE (S): _____ EVENT TIME: _____

VENDOR INFORMATION

NAME OF ORGANIZATION/DBA: _____
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: () _____ Phone #: Day of Event () _____
Email Address: _____
Structure: Booth () Mobile Unit () Other (please describe) _____

1. It is required that the **person-in-charge** is **Food Protection Certified**, and has completed **Food Allergy Awareness Training** and is on-site during operation.

Name of Certified Food Protection Manager: _____

Name of Food Allergen Awareness Trained Employee: _____

A COPY OF THE FOOD MANAGERS CERTIFICATION AND FOOD ALLERGY AWARENESS CERTIFICATE IS REQUIRED WITH EVERY APPLICATION

2. Allergy notice is printed on all menus and menu boards Yes No

3. Will all foods be prepared at the temporary food service booth? Yes No

____ **YES** (Any food that produces grease laden vapors – **you must contact Fire Failure to meet fire code requirements set in 527 CMR 1.00, 50.2.1.9 and NFPA 96, 4.1.9 will result in no food permit being issued.**)

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

Menu: Attach or list all items below

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

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

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. This includes all coolers.

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 with catch basin** (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.** or _____ **Three deep tubs/basins** (one for soapy water, one for rinse water and the other for sanitizing solution.)

10. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

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

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, Federal 1999 Food Code. The above-described establishment will be operated and maintained in accordance with the regulations and I consent to inspection by the Blandford Health Department. I acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

Applicants Signature: _____ Date: _____

Health Department Comments:
