



TOWN OF WESTMINSTER
11 SOUTH STREET
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7460
BOARD OF HEALTH

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Date of Submission _____

Name of Temporary Food Establishment: _____

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number: _____

Name of Event: _____

Date(s) and Time(s) of Event: _____

Date and Time TFE will be set up and ready for inspection:

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least **10 days** prior to the event.)

2. Will All Foods Be Prepared At The TFE Site?

_____ **Yes**>>Complete **Attachment A**

_____ **No** >>Complete **Attachments A & B**

If No, the operator **Must** provide a copy of the current license for the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the Temporary Food Establishment: _____

3a. How will food temperatures be monitored during the event?

4. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

5. Using **Attachment C**, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food Establishment workers (paid and volunteer).

6. Describe the number, location and set up of handwashing facilities to be used by the Temporary Food Establishment workers:

7. Identify the source of the potable water supply and describe how water will be stored and distributed at the Temporary Food Event. If a non-public water supply is to be used, provide the results of the most recent water tests.

8. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

9. a) Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

b) If portable toilets are to be used, identify the frequency of waste removal:

10. Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment as well as at the event site:

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Regulatory Authority: APPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title Date

