



**TOWN OF WESTMINSTER**  
11 South Street  
WESTMINSTER, MASSACHUSETTS 01473  
(978) 874-7409 • Fax (978) 874-7462  
BOARD OF HEALTH

Permit #: \_\_\_\_\_

Fee: \_\_\_\_\_

## Application for Temporary Food Establishment Permits

**All applicants must submit a completed application and accompanying documents. Applications must be submitted 14 DAYS prior to the first day vending at an event.**

Name of Applicant: \_\_\_\_\_

Name of Temporary Food Establishment: \_\_\_\_\_

Food Establishment Address: \_\_\_\_\_

Name/Location of Event(s): \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Name of certified person- in charge (PIC) of food: \_\_\_\_\_

PIC Phone Number: Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Will you be serving out of a food truck: \_\_\_\_\_ YES \_\_\_\_\_ NO

Menu of items served (attach menu if preferred): \_\_\_\_\_

Will there be hot holding onsite: \_\_\_\_\_ YES \_\_\_\_\_ NO

Will there be cold holding onsite: \_\_\_\_\_ YES \_\_\_\_\_ NO

Please provide information on equipment used and process for preparing items:

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

Hand wash station set up: \_\_\_\_\_



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How will temperatures be properly maintained at the event? \_\_\_\_\_

How will the foods be transported to the event? \_\_\_\_\_

Explain how sanitation will be maintained at the event? \_\_\_\_\_

Type of Sanitizer used: \_\_\_\_\_

Describe how foods will be handled, served or distributed at the event? \_\_\_\_\_

**All vendors must attach the following information to their application:**

- Servsafe Certificate
- Allergen Awareness Certificate
- Current Local Board of Health Food Permit
- A Commissary Note (if the vendor is not a Brick and Mortar Restaurant/Residential Kitchen)
- Hawker & Peddler License (if the vendor is serving out of a food truck)
- Any applicable state licenses (ice cream, processing meat, etc.)
- Any applicable HACCP plan for processes

**Must provide payment for permit. For information regarding fees, please contact the Health Department. 978-874-7409.**

**Paying by check?** Please address any checks being mailed in to the Board of Health and make them out to the Town of Westminister

**This application is null without the proper approval by the BOH**

*I agree to strictly follow food safety and sanitary procedures to prevent cross contamination and foodborne illnesses according to the MDPH food code, 105 CMR 590.00 in its entirety.*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Send applications by mail or email to the Westminister BOH.

Email contact: rarsenault@westminster-ma.gov