



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
Nicholas Chiusano
Elizabeth Massa
15 Middlefield Street
Chester, MA 01011
413-354-7781
ChesterHealth@comcast.net

TEMPORARY ONE TIME EVENT/FESTIVAL

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

For Profit: \$50.00

Non Profit: \$30.00

- **Applications for the permit must be made (2) week prior to the event.**
- **A temporary food establishment means any site where food is prepared and/or distributed for individual portion service.**
- **Temporary food service establishment permits are required of each individual temporary food establishment that operates at a fixed site for a period of time *not to exceed 14 consecutive days in conjunction with an event or celebration.***
- **The term temporary food service establishment shall apply to each separate site at an event or celebration.**

- **All temporary food service establishments must be ready for inspection at the start of the event.**

TODAY'S DATE: _____

Please print clearly:

NAME OF THE EVENT: _____

ADDRESS LOCATION OF THE EVENT: _____

EVENT DATE: START DATE: _____ END DATE: _____

HOURS OF OPERATION: OPENING: _____ CLOSING: _____

CONTACT PERSON: _____

BOOTH/UNIT NAME: _____

NAME OF OWNER: _____ Phone: _____

MAILING ADDRESS: _____ CITY _____ STATE _____

1. WHAT IS THE SOURCE OF THE FOOD TO BE SERVED/DISPENSED? _____

2. LIST THE FOODS TO BE SERVED /DISPENSED AT THE FUNCTION? _____

3. HOW WILL THE FOOD ITEMS BE COOKED? _____

4. HOW WILL THE FOOD ITEM TEMPERATURES BE KEPT?
A. HOT HOLDING? _____
B. COLD HOLDING? _____

5. HOW WILL THE FOOD BE PROTECTED? _____

6. DESCRIBE THE TYPE/LOCATION OF HAND WASHING FACILITY WHICH WILL BE USED

7. INDICATE WATER SUPPLY: _____

8. WHERE WILL EXCESS FOOD AND SINGLE SERVICE ITEMS BE STORED? _____

9. HOW WILL CONDIMENTS AND SINGLE SERVE ITEMS BE DISPENSED?

10. WHAT METHOD OF TRASH & GARBAGE DISPOSAL WILL BE USED? _____

THE ABOVE INFORMATION IS REQUIRED TO BE SUBMITTED IN ACCORDANCE WITH CHAPTER 10 OF THE STATE SANITARY CODE 105 cmr 590.000. All APPLICANTS ARE REQUIRED TO ABIDE BY APPROPRIATE RULES AND REGULATIONS AS IDENTIFIED BY THE STATE SANITARY CODE.
PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I THE UNDERSIGNED, CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY OR FEDERAL I.D. #

(PRINT NAME) OF APPLICANT

SIGNATURE OF APPLICANT