Town of Rochester
Board of Health
37 Marion Road, Rochester MA 02770
Phone: 508-763-5421 Fax: 508-763-5379

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment _____ Operator Contact Telephone _____

Name of Event/Location _____

Operator Mailing Address _____

1. Before completing this application, read Food Safety at Temporary Events and the temporary food establishment "Are You Ready?" Checklist. Have you read these materials? __YES __NO
2. Menu: Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 5 days prior to the event._____

3. Will all foods be prepared at the temporary food establishment booth?
____ YES Complete SECTION A.
____ NO 1. Attach a copy of the agreement with the licensed food establishment where food will be prepared. Include dates and times of food preparation and a copy of the permit.
2. Complete SECTIONS A and B.

4. List each food item prepared, and for each item check which preparation procedure will occur.

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

SECTION A: At the booth

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

Note: If your food preparation procedures do NOT fit the charts, attach an additonal sheet.

5. Food source(s): _____
Source and storage of water/ice: _____
Storage and disposal of wastewater: _____
Storage and disposal of trash: _____

6. On the back of this page, draw a sketch of the booth.
I certify that I am familiar with *105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X*, and the above described establishment will be operated and maintained in accordance with the regulations.