

Community Name

ORGANIZER OF SPECIAL EVENT/FARMER'S MARKET PERMIT APPLICATION _CIS

All Special Event Organizers that include food served to the public must complete this application.

No Retail Food Establishment or Facility may operate without a current BOH Food Establishment Permit that must be posted at all times along with a current food safety certification for the knowledgeable Person-in-Charge.

New Renewal Late Application Revised Application New/Upgrade Kitchen Application Other

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

*Applicant/Requester	*Property Owner
*Business Name	*Site Address
*Mailing Address	Assessor Map/Lot #
*Phone Fax	*24/7 Contact Person
*E-mail	*24/7 Phone
Tax Status	<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Community Organization <input type="checkbox"/> Other:

FACILITY INFORMATION

*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private, water test attached	*Ice Supplier	<input type="checkbox"/> Vendor _____ <input type="checkbox"/> Ice Machine <input type="checkbox"/> None
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private, must pump regularly	*Garbage/Trash	<input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station
*Refrigeration	<input type="checkbox"/> None (ice) <input type="checkbox"/> Refrigerators <input type="checkbox"/> Walk-ins	*Electricity	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Generators <input type="checkbox"/> Other
Portable Toilets	<input type="checkbox"/> None <input type="checkbox"/> Yes *Toilet Vendors Name		

**Toilets required for events 2 hours or longer. The required number of toilets is based on the number of people and the length of the event. Example: 100 people for 4 hours = 2 units/1 sink, at least 1 of which is handicapped accessible. Number may be based on the Portable Sanitation Association International Guide or other association guides acceptable to the Board of Health.*

OPERATIONS INFORMATION

Note: during open hours a knowledgeable/certified Person-in-Charge (PIC) must be on site. Menu additions require an updated permit application.

*Event Name:	*Special Planning <input type="checkbox"/> Animals <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped
*Length of Permit (Must select one)	<input type="checkbox"/> Annual (Calendar Year) <input type="checkbox"/> Seasonal (up to 5 consecutive months) <input type="checkbox"/> Temporary (up to 14 consecutive days for one event) <input type="checkbox"/> One Day Permit (0600-2400) <input type="checkbox"/> Non-Profit Occasional/Bake Sale (up to 3/yr) <input type="checkbox"/> Other:
*Start Date	*End Date *Expected # people/day
*Operating Days/Hrs:	<input type="checkbox"/> Sunday ___ <input type="checkbox"/> Monday ___ <input type="checkbox"/> Tuesday ___ <input type="checkbox"/> Wednesday ___ <input type="checkbox"/> Thursday ___ <input type="checkbox"/> Friday ___ <input type="checkbox"/> Saturday ___
*On-Site Manager	Name: _____ *Phone Number _____
<input type="checkbox"/> Event permit obtained from Town/City if required	<input type="checkbox"/> Fire Dept. approval, propane tanks, open flames, BBQ <input type="checkbox"/> Police notified Ice Cream Truck <input type="checkbox"/> Building Department approval for tents may be required (must have fire retardant label).
*Attach list of all Food Vendors	1. name, 2. address, 3. contact phone, 4. type of food, 5. type of equipment
*Provided to all Food Vendors:	1. BOH Food Applications 2. Information on Site utilities/services 3. Link/copy of DPH "Are You Ready"

Yes, I will provide a knowledgeable Person-in-Charge (PIC) with a current Food Safety Manager's, Allergen Awareness, and Choke Saver
 No, each Vendor is providing their own trained, certified Person-in-Charge with all Certifications.

Knowledgeable Person-in-Charge(PIC)	<input type="checkbox"/> Food safety training certificate attached. <input type="checkbox"/> Not Required for Non-Profit for Temp. Permit	*Date of Food Safety Training	<input type="checkbox"/> Issue Date _____ <input type="checkbox"/> BCBOHA Temporary Food Training date: _____
Allergy Awareness	<input type="checkbox"/> Each Vendor must have Allergen Awareness	http://www.berkshireahec.org/programs/ma-food-allergen-training/	
Choke Saver	<input type="checkbox"/> Yes, # trained _____ <input type="checkbox"/> No <input type="checkbox"/> Not Required	Note: If more than 25 seats, must have current Choke Saver Certificate	

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

*Basic Fee	\$ _____	*Late Fee	\$50
Additional Fees	\$ _____	Total Fee Paid	\$ _____

AGREEMENT AND SIGNATURE

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.
- *I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:
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