

Community Name

VENDOR: TEMPORARY, SPECIAL EVENT, MOBILE PERMIT APPLICATION _CIS

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.

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Late Application <input type="checkbox"/> Revised Application <input type="checkbox"/> New/Upgrade Kitchen <input type="checkbox"/> Other
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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:		

FOOD VENDOR FORM for CATERER /SATELLITE/ TEMPORARY / SPECIAL EVENT / MOBILE

Each food booth/vendor must complete a Form, including non-profits.
Note: during open hours a knowledgeable/certified Person-in-Charge (PIC) must be on site. Menu additions require an updated permit application.

*Type of Operation	<input type="checkbox"/> Caterer <input type="checkbox"/> Satellite <input type="checkbox"/> Mobile <input type="checkbox"/> Farmer's Market Vendor <input type="checkbox"/> Special Event Vendor <input type="checkbox"/> Other:		
*Event Name		*My tax Status	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
*Event Address			
*Event Organizer			
*Start Date	*End Date		*Expected # people/day
*Event Type	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile/Various	*Dates/Locations	Attach List. BOH may require notice before each event.
*Operating Times:	<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____		

<input type="checkbox"/> Opening Inspection Schedule with the BOH at least 3 days prior to opening			
<input type="checkbox"/> Event permit obtained from Town/City if required	<input type="checkbox"/> Fire Dept. approval for propane tanks, open flames, BBQ	<input type="checkbox"/> Police notified for Ice Cream Truck	<input type="checkbox"/> Building Department approval for tents may be required (must have fire retardant label).
*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:		

RTE: Ready-to-Eat Food, no processing/heating required Not Regulated (must meet food safety standards): honey processed without heat, maple syrup, uncut fresh fruits/vegetables, whole fresh eggs, continental B & B breakfast, community potluck free, shared food	TCS: Time/Temperature Control for Safety foods; Logs required Non-TCS: Non-potentially hazardous food, no refrigeration required Special Processes: acidification, smoking, reduced oxygen, time as a control, partial cooking of raw animal products – BOH variance needed
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*Food Risk Assessment: (Check all that apply)	<input type="checkbox"/> Time/Temperature Control for Safety (TCS) foods cooked to order <input type="checkbox"/> TCS prepackaged/RTE <input type="checkbox"/> TCS Hot/Cold Holding <input type="checkbox"/> Non-TCS/RTE /prepackaged. <input type="checkbox"/> Raw animal products. <input type="checkbox"/> Special Operations requiring a Variance. <input type="checkbox"/> Raw Milk <input type="checkbox"/> Milk Products <input type="checkbox"/> Other:		
*Special Processes	<input type="checkbox"/> None <input type="checkbox"/> Acidification <input type="checkbox"/> Raw or partially cooked animal/fish <input type="checkbox"/> Smoking <input type="checkbox"/> Time Control <input type="checkbox"/> Reduced Oxygen Package (ROP)		
*Menu	<input type="checkbox"/> Menu attached if serving TCS Foods. Substantive menu additions must be approved by the Board of Health		
*On-Site Manager	Name:	*Phone Number	
*Food Safety Cert.	<input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached	*Issue Date:	
*Allergen Training	<input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached	*Issue Date:	
*Choke Saver	<input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached	*Issue Date:	
*BCBOHA Temp Food	*Date of Training		
Lisc. Commissary Kitchen location:	<input type="checkbox"/> *None Required <input type="checkbox"/> Name/Address:		
*Note: all mobile food trucks and caterers must have a commissary base kitchen that is permitted by the local BOH. All food must be prepared in a licensed kitchen except for non-hazardous foods without refrigeration prepared for a non-profit event.			
*Menu/Foods Served	<input type="checkbox"/> Attach proposed menu *Raw or undercooked TCSs require a variance	<input type="checkbox"/> I have a copy of the "Temporary Food Establishment Operations: Are You Ready" check list *All food must come from an approved source.	

FROZEN DESERT / SOFT-SERVE VENDOR FORM

In accordance with the provisions of Section 65H of Chapter 94 of the General Laws and 105 CMR 561: Department of Public Health, Frozen Desserts and Frozen Dessert Mixes as most recently amended, and the regulations made hereunder, the following information is required:

Operations	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile / Various	Operating Dates:	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal, describe
Operating Times:	<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____		
Make/Model Equipment		Age of Equipment	
Source of Mix	<input type="checkbox"/> Purchased <input type="checkbox"/> Pasteurized <input type="checkbox"/> Made onsite <input type="checkbox"/> Dairy based	<input type="checkbox"/> By checking this box, I agree that my dairy based products will have monthly bacteriological testing by a Certified Laboratory with all results copied to the BOH. Name of Testing Firm _____ Phone Number _____	
Item	Standard Plate Count	Coliform	
Finished products produced by means other than soft serve machine	50,0000/g	20/g	
Finished products produced in soft serve machine	50,0000/g	50/g	
<input type="checkbox"/> Industry Certified Lab Results Attached			

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. 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.

<input type="checkbox"/> *Basic Fee	\$ _____	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$ _____	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

- *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
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *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.

SIGNATURE

*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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