



# MONTAGUE HEALTH DEPARTMENT

ONE AVENUE A · TURNERS FALLS, MA 01376

TELEPHONE 413-863-3200 EXT 205 · FAX 413-863-3225

GINA MCNEELY, R.S.  
DIRECTOR OF PUBLIC HEALTH

**FEE:** Call the Board of Health Office  
at (413) 863-3200 ext. 205

## TEMPORARY FOOD PERMIT APPLICATION

**No home prepared foods shall be sold at any temporary food establishment**

Name of Event / Location: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Complete Address: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Date(s) of Event/Hours of Operation \_\_\_\_\_

1. Before completing this application please read **"Food Safety at Temporary Events and the Temporary Food Establishment"** and the **"Are You Ready ?"** checklist. (BOTH ARE ENCLOSED)

Have you read this material and do you understand this material? (Circle one) **YES** **NO**

2. Menu: List all items you intend to serve. 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** 1. Fill out **Section B** below.

**NO** 2. Fill out both **A and B** below

Include dates and times of food preparation and attach a copy of the BASE OF OPERATIONS food permit.

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

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**SECTION A: At the base of operations (approved kitchen):**

DATE / TIME	FOOD ITEM	THAW	CUT/ ASSEMBLE	COOK	COLD HOLDING	REHEAT	HOT HOLDING

**SECTION B: At the booth:**

FOOD ITEM	THAW	CUT/ ASSEMBLE	COOK	COLD HOLDING	REHEAT	HOT HOLDING

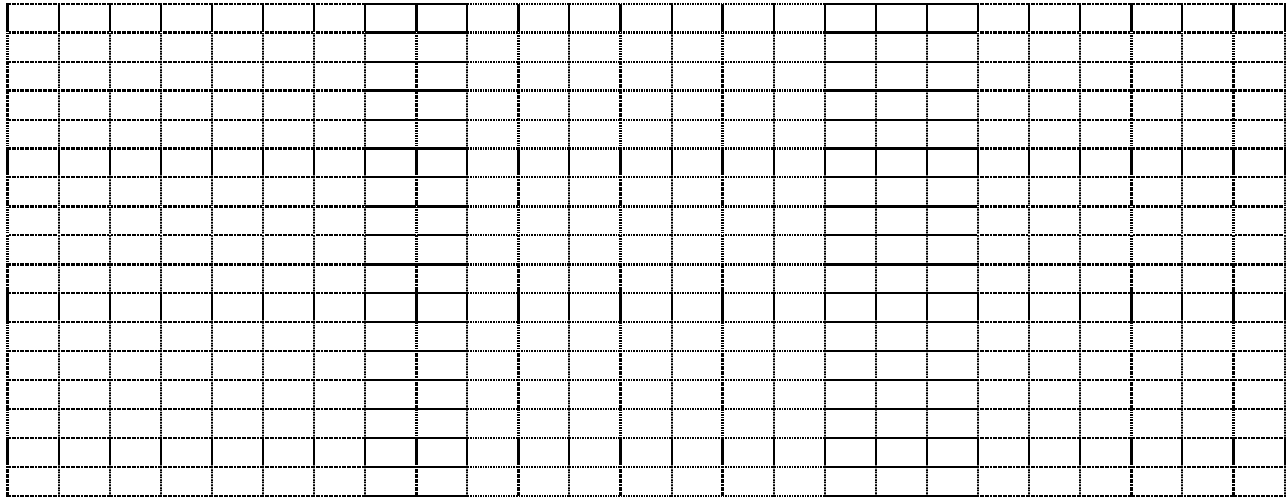
**Note:** If your food preparation procedures cannot fit into the above tables, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): list food suppliers: \_\_\_\_\_  
 Source and storage of water/ice: \_\_\_\_\_  
 Storage and disposal of wastewater: \_\_\_\_\_  
 Storage and disposal of trash: \_\_\_\_\_

**Means for Handwashing: MUST HAVE RUNNING HOT WATER, SOAP AND PAPER TOWELS  
 (MAY USE INSULATED URN WITH SPIGOT AND HEATED WATER)**

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6. Draw a sketch of the booth below.



**FIRE DEPARTMENT SIGN OFF FOR PROPANE TANK(S) USED FOR THIS FACILITY.**

- A FOOD SERVICE PERMIT WILL NOT BE GRANTED UNLESS THE TURNERS FALLS OR MONTAGUE CENTER FIRE DEPARTMENT (*WHICHEVER IS APPROPRIATE*) SIGNS THIS FORM APPROVING USE OF THE PROPANE TANK(S).

\_\_\_\_\_  
Fire Department TFFD or MCFD

\_\_\_\_\_  
Printed name of inspector

\_\_\_\_\_  
Signature of inspector

**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.**

- **Application fee is nonrefundable**
- **Fee due with application**

**NO PERMIT WILL BE ISSUED UNLESS A COPY OF YOUR FOOD MANAGER TRAINING CERTIFICATE ACCOMPANIES THE APPLICATION. THE TRAINING MUST BE ONE THAT IS RECOGNIZED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Office use Only: PERMIT # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

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