



**BOARD OF HEALTH**  
299 Bay Road  
South Hamilton, MA 01982

Tel: 978-626-5245

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

**Application and fee are due 30 days prior to event. Fee: \$35.00 Late Fee: \$50**

Before completing this application, read the Food Safety at Temporary Events and the Temporary Food Service-  
Are you Ready? checklist (available at <https://www.hamiltonma.gov/government/board-of-health/food/>)

\_\_\_\_\_  
Name of Food Establishment/ Organization

\_\_\_\_\_  
Name of Owner/Applicant

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Event Coordinator

\_\_\_\_\_  
Event Location

\_\_\_\_\_  
**Date & Time of Event**

\_\_\_\_\_  
**Time event will be set up and ready for inspection**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**List all Food/Beverages that will be served and the establishment where the food was purchased:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preparation/Cooking Facilities:**

**ON Site:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_, If yes, describe facilities and equipment.

**OFF Site:** Yes \_\_\_\_\_, If yes, Where?

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**Type of Tableware:** Paper Products \_\_\_\_\_ China \_\_\_\_\_

**Describe warewashing facilities** for utensils and equipment:

**On Site:** \_\_\_\_\_

**Off Site:** \_\_\_\_\_

**Food Protection:**

Describe equipment and means of transporting food hot (140°F or above), cold (45°F or below): \_\_\_\_\_

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**Refrigeration:** Required \_\_\_\_\_ Not Required \_\_\_\_\_

Method of Refrigeration/Thermometers: \_\_\_\_\_

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**Type of Cooking/Hot holding equipment:** \_\_\_\_\_

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**Describe measures to protect food from contamination during preparation, storage and display including type of sanitizer:** \_\_\_\_\_

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**Sampling:** Vendor to use single serving cups, napkins and/or utensils. Allergen advisory to be posted.

**Garbage and Rubbish:** Describe means for storage and disposal: \_\_\_\_\_

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**Personnel and Food Handling Practices:**

List Individuals working the event: \_\_\_\_\_

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List Individuals who are Food Safe Certified: \_\_\_\_\_

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Location of Handwashing Facilities: \_\_\_\_\_

Location of Toilet Facilities: \_\_\_\_\_

Hair Restraints Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ Disposable Gloves Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Application updated: 11/14/24

**Please supply a copy of Servsafe and Allergen Certification and a copy of a Food Establishment Permit if base of operation is outside of Hamilton**