



BOARD OF HEALTH
577 Bay Rd., P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

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APPLICATION FOR ONE-DAY 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?

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): _____

Refrigeration: Required _____ Not Required _____

Method of Refrigeration/Thermometers: _____

Type of Cooking/Hot holding equipment: _____

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

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: _____

Personnel and Food Handling Practices:

List Individuals working the event: _____

List Individuals who are Food Safe Certified: _____

Location of Handwashing Facilities: _____

Location of Toilet Facilities: _____

Hair Restraints Provided: Yes _____ No _____ Disposable Gloves Provided: Yes _____ No _____

**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**