

261 George Ryder Road, Chatham, MA 02633
508-945-5165



**Town of Chatham
Health Division
APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

Name of Establishment Operator Contact Telephone (cell) email(required)

Chatham Summer Arts & Craft Festival Event Dates: August 3 & 4 Public Hours: Sat. 10-5 / Sun. 10-4
Name of Event/Location Date(s) of Event/Hours of Operation

Operator Mailing Address Serve safe certification expiration date (please attach a copy)

1. Before completing this application, read the Food Safety at Temporary Events "Are You Ready?" Checklist. Have you read this material?
_____ **YES** _____ **NO**

2. Menu: Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?

if **YES** Please fill out **Section B** below.

if **NO** 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times. 2. Please fill out both **Sections A and B** below.

SECTION A: At the approved kitchen: Please list each potentially hazardous food item, and check which preparation procedure will occur.

FOOD ITEM	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth: Please list each potentially hazardous food item, and check which preparation procedure will occur.

FOOD ITEM	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on the next page or an attached sheet.

5. Food source(s): _____
Describe how food will be packaged for transportation, and what it will be transported in: _____
Source and storage of water/ice: _____
Storage and disposal of wastewater (washwater): _____
Storage and disposal of garbage: _____

6. On the back of this page, please draw a sketch of the general facilities where temporary food service will operate.

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I certify that I am familiar with 105 CMR 590 Minimum Sanitation Standards for Food Establishments: Chapter X, federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations

APPLICANT'S SIGNATURE

DATE

Sketch layout- include cooking units, prep area (describe), electrical or fuel source, hand-washing station location w/description, sanitizing station location w/description, cash register location, signs?, location of bathroom facilities relative to booth, hot and cold holding location and description, and any other pertinent information relative to food service.

Menu item list and preparation description (continued from front page)

BOARD OF HEALTH COMMENTS:

Menu reviewed with PIC?

Inspection scheduled?

PERMIT NUMBER

APPROVED BY:

DATE

Copy to Applicant: ____ In Person ____ Mailed

Date_____