

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



**All MA Shows are pending Phase 4 of the Covid-19 Reopening Guidelines  
Please DO NOT submit this health permit until the event is confirmed.**

**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 7 & 8 / Public Hours Sat. 10a-5p / Sun. 10a-4p  
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\_\_\_\_\_