FORM I.2

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

PATRICIA L. ANDRADE, M.D.
ATHENA XIFARAS, M.D.
CRAIG LONGO, M.D.

DIRECTOR OF HEALTH
BRENDA K. WEIS, M.S.P.H., PH.D.

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Fee(s): $75.00 (1st Day + $25 for each additional day) Crafter's Permit = $10.00 per event

Call (508) 991-6199 for Assistance and/or to speak to Sanitarian Inspectors

	*	*
Name of Establishment / Business	Operator	Contact Telephone
	*	*
EVENT Name or LOCATION	Date(s) of Event	Hours of Operation

Operator Mailing Address

***E-Mail Address**

1) Before completing this application have you read the "Guidelines for Temporary Food Event Vendors?" ____Yes ____No
If you are **coordinating this event** have you filled out the form entitled "Checklist"?_____Yes _____No

2) MENU: **Attach a menu or list of all items** to be prepared, packaged or served. Any **changes** to this list must be submitted and approved by B.O.H. at least **7 days prior** to the event.

3) Name of person holding a **Certified Food Protection Manager with Allergen Awareness Training:**
_____ (Please provide a copy of the certificates)

4) Will all foods be prepared at the Temporary Food Booth?
_____**YES -** Please **fill out only SECTION B** below.
_____ ***NO -** Please **fill out SECTION A & B** below.
*Please **attach a copy** of the current food establishment permit for the "Commercial Kitchen" used or "Residential Kitchen" used to produce end product.

SECTION A - At the approved kitchen:
List any potentially hazardous food item and for each item, check which preparation procedure will occur:

FOOD:	***Thaw***	**Cut / Assemble**	**Cook**	**Cool**	**Cold Hold**	**Reheat**	**Hot Hold**	**Portion Pkg.**
1)								
2)								
3)								
4)								
5)								
6)								

SECTION B – At the booth:

FOOD:	***Thaw***	**Cut / Assemble**	**Cook**	**Cool**	**Cold Hold**	**Reheat**	**Hot Hold**	**Portion Pkg.**
1)								
2)								
3)								
4)								
5)								
6)								

5) List all Food Source(s):_____

_____

Water/ Ice Source: _____ **Storage:** _____

Wastewater Storage:_____ **Disposal:** _____

Garbage Storage:_____ **Disposal:** _____

6) PLAN REVIEW:

A- Below, draw a sketch of your booth/ trailer food prep area. Identify all equipment including hand wash facility, dish wash facility, **ranges, ovens, refrigerators, worktables, food storage, trash receptacle, etc. <u>NOTE – All open flames require a certificate from Fire Dept.</u>**

B- Describe floor, wall and ceiling surfaces: _____

_____

_____

BOARD OF HEALTH COMMENTS: _____

_____

_____

_____

APPLICANT'S SIGNATURE:_____**DATE:**_____

Individual Social Security # :_____ **or FEIN #:**_____