



**TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS**

Board of Health

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Date Received:

Date Approved:

Permit Fee:

Permit #

*** All permit applications must be submitted to the Halifax Board of Health at least 30 days prior to any planned event opening date. ***

TEMPORARY FOOD SERVICE PERMIT APPLICATION

EVENT INFORMATION:

Event Name _____

Event Date _____ Event Time _____

Event Owner/Organizer/PIC _____

Event Address _____

Event Phone _____ Event Fax _____ Event Cell Phone _____

Event Email Address _____

Applicant's Name _____

Mailing Address (if different) _____

Phone _____ Fax _____ Cell Phone _____

Email Address _____

Title _____

(Owner, Operator, Director, Etc...)

I have submitted plans/applications to the following: (Please note date of submission on application)

Board of Selectman _____ Police _____ Fire _____ other _____

Menu (Food to be Served) _____

A. FOOD SUPPLIES:

1. Are all food supplies (including ice and water) from inspected and approved sources?
Yes No
2. Will all pre-packaged food be labeled with the name and address of manufacturer, name of product, list of ingredients and net weight? Yes No
3. Will all pre-packaged, potentially hazardous foods (*PHF's*) also be labeled with a sell-by date? Yes No

B. FOOD STORAGE:

1. Is adequate freezer and refrigeration (mechanical/Ice) available to maintain:
 - i. Frozen foods at 0 degrees F and below? Yes No
 - ii. Refrigerated foods at 45 degrees F and below? Yes No
 - iii. Number of refrigeration units _____ number of freezer units _____

NOTE: Packaged foods shall not be stored in contact with water or undrained ice. Wrapped sandwiches shall not be stored in direct contact with ice.

1. Is each refrigerator/freezer equipped with a thermometer? Yes No
2. Will raw *PHF's* be stored in the same refrigerator and freezers with cooked/ready-to-eat foods? Yes No

If YES, how will cross-contamination be prevented? _____

3. Will all wrapped foods be protected from dust, road dirt, insects, etc...? Yes No

C. CONSTRUCTION:

1. Is the unit constructed of safe materials that are durable, smooth, and easily cleanable?
Yes No
Describe construction materials: _____
2. Is the unit constructed and arranged so that food, drink, and utensils will not be exposed to insects, rodents, dust, or other contaminants? Yes No
3. Are protective covers provided for unwrapped foods on display? Yes No
4. 0.2" Does the mobile food unit/pushcart have the names and address of the owner or company displayed on either side in letters at least 3 inches in height? Yes No
- 5.

D. WATER SYSTEM/WASTE RETENTION:

1. Is a sink with hot and cold running water, under pressure, available for hand washing?
Yes No
2. Are sinks with hot and cold running water, under pressure, available for washing equipment and utensils? Yes No

If YES, state dimensions (L x W x H): _____
If NO, where will equipment and utensils be cleaned and sanitized? _____

3. Sanitizing Agent: _____ Concentration: (ppm) _____

4. Size of water supply tank: _____ gal. _____

Size of waste retention tank: _____ gal. _____

(NOTE: should be 15% greater than water tank)

5. Is water inlet of supply tank kept capped (while not being filled) and located in such a manner that it will not be contaminated by waste discharge, road dust, oil or grease.

Yes No

6. Is the waste retention tank connection located lower than the water inlet connection?

Yes No

7. How and where will the liquid waste from the retention tank be disposed of?

NOTE: A mobile food unit servicing area must be provided at the base of operation if:

- ✓ Unpackaged food is placed on the Mobile Food Unit/Pushcart, and/or
- ✓ The Mobile Unit is equipped with waste retention tanks.

E. FOOD PREPERATION:

NOTE: *Applies only to Mobile Food Units with water systems. Mobile Food Units without water systems and Pushcarts are limited to the sale of non-potentially hazardous foods pre-packaged potentially hazardous foods and the preparation of hot dogs.*

1. List how each category of hot foods will be cooked/reheated.

NOTE: *PHF's to be served hot must be rapidly reheated to an internal temperature of 165 degrees F within one (1) hour.*

2. How will hot bulk food be maintained at 140 degrees F? _____

3. Will food product thermometers (0-21 degrees F) be used to measure temperatures of **PHF's** after cooking/reheating and during holding? Yes No

4. Will sandwiches, salads and other cold, ready-to-eat foods be prepared and/or assembled on site? Yes No

If **YES**, will utensils, disposable gloves, single-service papers, etc., be used to minimize food handling? Yes No

5. How will dispensing utensils be stored? ? _____

6. How will utensils be cleaned and sanitized, if necessary, during use? ? _____

7. Describe the washing facility on unit. ? _____

8. Will unit self-service of bulk foods be allowed? Yes No
9. Are all condiments, coffee creamers, sugar, etc., individually wrapped or in pour type containers? Yes No
10. Are all single-service articles individually wrapped or stored in sanitary containers?
 11. 0.2" Yes No
12. Will bulk *PHF's* be described at the end of each business day? Yes No
13. How will out of date, packaged *PHF's* be handled? _____

Be sure to include copies of the following documents:

- Food Safety Certificate (Please check with the Board of Health to see if the handler or manager certificate is required for your event)
- Allergen Awareness Certificate
- Worker's Compensation Affidavit Form
- Worker's Compensation Insurance Certificate
- Liability Insurance Certificate
 - Liability Insurance is a requirement for the Halifax Board of Health to issue permit. If you have any questions, please contact our office at 781-293-6768.
- Application Fee (See Fee Schedule or contact Board of Health Office)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operations will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____

Pursuant to MGL Ch. 62 C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid state taxes required under law.

Signature: _____ Date: _____