



# TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

## Board of Health

499 Plymouth Street, Halifax, MA 02338  
Telephone (781)293-6768 \* Fax (781)293-1738

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 INFORMATION:

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: \_\_\_\_\_