



Town of Granby BOARD OF HEALTH

215B West State Street
Granby MA 01033
(413) 467-7174
(413) 467-3101 FAX

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of the **event**

Name of the **organization** holding the event

Name of your food establishment, if different than above (Note: permit will be issued in this name)

Date range the event is to be held (from-to)

Where is it being held?

1. Before completing this application, read “Are You Ready?” and “Temporary Food Event Instructions”

2. **Attach** a list of ALL foods you plan to serve, including condiments, and state where each is to be purchased.

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

____ YES

____ NO: **Attach** a list of ALL foods that will be prepared off-site and for each food item, state where they are to be prepared. Then complete the agreement form located in “Are You Ready?”

4. Do you plan to have an open flame? If so, please contact Fire Department for permitting details.

5. Will your table/booth be hooked up to a water supply? ____ Yes ____ No, describe the source of water if not provided on site.

6. Will you be **serving** ice? (i.e. with beverages) ____ No ____ Yes, if yes, state your **source** for ice and describe the **method** for keeping the ice sanitary before use:

7. Hand washing facilities are required in an accessible location to food handlers. How will this be accomplished?

8. Describe location of toilet facilities for food handlers.

9. What are the means for keeping hot foods hot?

10. Describe how you will keep cold foods cold?

11. **Attach** a drawing of the layout of the food booth. Show cooking area, counters, and all equipment including hand wash facilities; dish wash facilities, ranges, refrigerators, worktables, food storage areas etc.

I certify that I have read “Are You Ready?”. I further certify that I will abide by the documents provided with this application and that the statements made herein are accurate to the best of my knowledge.

Your signature

PRINT your name

Today's Date

Phone number where you may be reached

Email where you may be reached

Attach:

Current ServeSafe certificate

Current Allergen Awareness Training certificate

Worker's Compensation Affidavit statement

Note: Permit will not be issued without the above documentation.

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

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

_____ YES Fill out Section B below.

_____ No 1. Attach a copy of the food permit and agreement for use of another approved kitchen. 2. Fill out both Sections A & B below

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Section A: At the approved kitchen:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Section B: At the booth:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

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

Plan Review:

- A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.

B. Describe floor, wall and ceiling surfaces:

[illegible]

BOARD OF HEALTH COMMENTS:

PERMIT NUMBER

APPROVED BY

DATE _____

Copy to Applicant: _____ In Person _____ Mailed

Date _____