

# FOOTHILLS HEALTH DISTRICT

Serving Ashfield, Goshen, Williamsburg and Whately

P.O. Box 447, Haydenville, MA 01039-0447 Phone: (413) 268-8404 Fax: (413) 268-8409

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## ***APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT***

*Provide short answers and use additional paper as necessary. All questions must be answered. Allow at least 30 days for processing the application. Enclose fee of \$10 written to the Town of \_\_\_\_\_ Non profit, civic, and governmental organizations are exempt from this fee. Thank you*

1 \_\_\_\_\_  
YOUR NAME **and** TELEPHONE NUMBER

2 \_\_\_\_\_  
NAME OF ORGANIZATION OR COMPANY NAME

3 DATE OF YOUR EVENT: \_\_\_\_\_ WHERE IS IT BEING HELD? \_\_\_\_\_

4 WHERE DO YOU WANT US TO MAIL THE PERMIT? \*\*\*Full mailing address and zip\*\*\*  
\_\_\_\_\_

5 Draw a simple diagram of your food set-up (i.e. food table, trailer, mobile stand, etc) *on the back of this form.*

6 List **all foods** that you plan to serve, including condiments, and where purchased, *on the back of this form.*

7 Will your table/ booth/trailer be hooked up to an outside water supply? \_\_\_\_ Yes \_\_\_\_ No—describe source of water if not:

8 Will you be **serving** ice? (i.e. with beverages) \_\_\_\_ No \_\_\_\_ Yes—state your **source** for ice, and describe the **method** for keeping ice sanitary before use:

9 Food handlers must be able to wash their hands at the booth or nearby. How will this be accomplished?

10 Will you be using paper/plastic ware or dishes?  
Where will grease, food waste, trash be disposed of?

11 What is your means for keeping cold foods cold?

How will you keep hot foods hot? (i.e. already cooked/warmed foods)

Please describe how you are going to cook foods on the spot (i.e. raw foods):

12 Have any of the persons who will be preparing/cooking/handling food ever had food safety training? \_\_\_\_ No \_\_\_\_ Yes If yes, list the name(s):

**Instead of formal food safety training, please read the “General Guide: Temporary Food and Festival Events Information” and “Public Health Fact Sheet on Hepatitis A” provided with this application. I agree to abide by the documents provided with this application:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date