



## Application for Temporary Food Establishment

\$ 50 – fee (check made payable to Town of Lincoln)

Name of Establishment \_\_\_\_\_

Name of Event/Location \_\_\_\_\_

Date(s) of Event Hours of Operation \_\_\_\_\_

Operator Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Operator Mailing Address \_\_\_\_\_

1. Before completing this application, please read "Food Safety at Temporary Events" and the Temporary Food Service "Are you Ready?" checklist.

Have you read this material?  Yes  No

2. Attach a menu or list **all** items that will be served. Any changes must be submitted and approved by the Board of Health at least 7 days prior to event.

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3. Will all foods be prepared at the Temporary Food Service Booth?

Yes Complete **Section B**

No Attach a copy of the food permit & agreement for use of another approved kitchen giving dates and times.

Complete **Sections A and B**

# TOWN OF CONCORD

BOARD OF HEALTH  
141 KEYES ROAD  
CONCORD, MA 01742  
(978) 318-3275 FAX: (978) 318-3281

## Temporary Food Service Establishment Attachment #1

Operator Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Operator Mailing Address \_\_\_\_\_

4. Before completing this form, please read “Food Safety at Temporary Events” and the Temporary Food Service “Are you Ready?” checklist.

Have you read this material?  Yes  No

5. Attach a menu or list **all** items that will be served. Any changes must be submitted and approved by the Board of Health at least 7 days prior to event.

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6. Will all foods be prepared at the Temporary Food Service Booth?

Yes Complete **Section B**

No Attach a copy of the food permit & agreement for use of another approved kitchen giving dates and times.

Complete **Sections A and B**

## Section A – Approved Kitchen

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

<b><i>Food Item</i></b>	Thaw	Cut/ Assemble	Cook	Cool	Cold Holdin g	Reheat	Hot Holdin g	Portion Packa ge

Name of Approved Kitchen these procedures will take place \_\_\_\_\_

Please explain method of transport. How will food be maintained hot or cold?  
\_\_\_\_\_

## Section B – At the Booth

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

<b><i>Food Item</i></b>	Thaw	Cut/ Assemble	Cook	Cool	Cold Holdin g	Reheat	Hot Holdin g	Portion Packa ge

- **Note:** If your food preparation cannot fit on these charts, please list all of the steps taken to prepare each menu item on a separate sheet and attach it to this form.

4. Food source(s): \_\_\_\_\_

Source of storage of water/ice: \_\_\_\_\_

Storage and disposal of wastewater: \_\_\_\_\_

Storage and disposal of garbage: \_\_\_\_\_

Will there be electricity available? \_\_\_\_\_

Are there restroom facilities? \_\_\_\_\_

## Plan Review

**PLEASE SKETCH THE TEMPORARY FOOD BOOTH. 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.)**

Describe floor, wall, and ceiling surfaces:

**I certify that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X., Federal Food Code 1999 and that the described establishment will be operated and maintained in accordance with the regulations.**

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**Applicant's Signature**

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**Date**

