



TOWN OF DEERFIELD

Board of Health
8 Conway Street
South Deerfield MA 01373
Voice: (413) 665-1400
Facsimile: (413) 665-1411

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION

Cost: \$25.00/Day or \$100.00 for 4 days or more.

Non-profit Organizations may be exempt from fee. Include Exempt Number: _____.
Application fee is non-refundable. Make checks payable to **Town of Deerfield**. There is a \$25 returned check fee.

Applicant Name: _____ Date: _____
Business Name: _____ Phone: _____
Address: _____ Fax: _____
_____ FID: _____

Service Location: _____

Food Safety Certified Yes No Certificate # (if applicable): _____

List of Foods To Be Served: _____

Holding Equipment: *Please check the setup that best describes your hot/cold service equipment.*

Yes I am providing no foods which are **homemade**. All foods are prepared on-site or are from an approved commercial establishment.

No Name of Establishment: _____ Permit #: _____
Description of holding area or product: _____

Yes I am providing hot temperature control for the hot holding of all potentially hazardous foods above 140° F minimum.

No Description of hot holding equipment: _____

Yes I am providing cold temperature control for the cold holding of all potentially hazardous foods below 41° F maximum.

No Description of cold holding equipment: _____

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Thermometers: *Please check the method that best describes your measurement of hot and/or cold monitoring equipment.*

- Yes I am providing a metal stem-type thermometer (0-220°) to measure the hot and cold holding of potentially hazardous foods, or
- Yes I am providing a thermometer for every refrigeration unit.

Handwashing: *Please check the one that best describes your handwashing facilities.*

At a minimum you need a five (5) gallon container with a spigot, a bucket for the collection of wastewater, pump soap, paper towels, and a lined trash receptacle.

- Yes Plumbed sink, or
- Yes Gravity flow container.

Utensil Washing: *Please check the one that best describes your setup.*

- Yes Three compartment sink, or
- Yes Three (deep) tubs or basins; one for soap and water, one for rinse water, and one for sanitizing solution.

Unpackaged Food : *Please describe your method for protecting food and food preparation areas from flies, dust, and the general public:*

Structure: *Please check the type of unit you will use for this event. Add any details or description that pertain to your setup.*

- Booth** **Tent**
- Mobile Unit** **Other**

Details: _____

Food Safety Certification *Please sign and date this application.*

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and 1999 Food Code. The establishment described above will be operated and maintained in accordance with those regulations. Proof of Food Safety Certification is attached to this application.

Signature: _____

Date: _____

Printed Name: _____

For Office Use ONLY:

Fee Enclosed: _____

Date Rec'd: _____