

The COMMONWEALTH OF MASSACHUSETTS

TOWN OF ACUSHNET

PARTING WAYS BUILDING
130 MAIN STREET, ACUSHNET, MA 02743
OFFICE OF THE
BOARD OF HEALTH

Robert Medeiros, Chairman David Davignon, Clerk Thomas Fortin, Inspector Joann DeMello, Senior Clerk Wanda Hamer, Senior Clerk

Joseph Correia, Health Agent

Telephone: (508) 998-0200 Fax: (508) 998-0277 http://www.acushnet.ma.us

The following is required by the Board of Health as part of your application for your License:

Completed food application from BOH

Copy of Serv Safe Certificate and Allergen Awareness Certificate (all food vendors are required to have allergen awareness)

Copy of valid food/commissary/residential kitchen license from where the product is being prepared, made or stored

Copy of valid inspection report from that facility where you're licensed

Copy of food menu being served at festival

Please be advised, it is expected that during the inspection the following will be present:

All mechanical refrigeration/ freezer and coolers are required to have thermometers

Allergen Postings need to be located where they can be seen by patrons



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APPLICATION FOR TEMPORARY FOOD PERMIT

		Operator			Contact Telephone									
Name of Event/Location	Date(s) of Event / Hours of Food Operation													
Operator Mailing Address			Call											
Before completing this application, read Fooyou read this material? YES	od Safety	at TemporaryNC	Events an	d the tem	porary food	service "Ar	You Ready?	"Check list.						
2. Menu: Attach or list <u>all</u> items. Any changes	s must be	submitted and	i approved	l by the E	Board of Heal	th at least 7	days prior to	the event.						
3. Will all foods be prepared at the temporary for YES Fill out Section 1		ee booth?												
NO 1. Attach a copy approved kitch. List each potentially hazardous food item, an	nen giving	dates and tim	nes.			A and	ooth <u>Sections</u> <u>B</u> below.							
SECTION A: At the approved kitchen:	Thaw	Cut/	Cook	Cool	Cold	Reheat	Hot	Portion						
		Assemble] Cook	0001	Holding	Remoat	Holding	Package						
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ECTION B: At the booth:														
OOD	Thaw	Cut/	Cook	Cool	Cold	Reheat	Hot	Portion						
	100000000000000000000000000000000000000	Assemble			Holding		Holding	Package						
	<u> </u>			 										
tote: If your food preparation procedures caneet.								on an attach						
. Food source(s):														
Source and storage of water/ice:														
Storage and disposal of wastewater:														
Storage and disposal of garbage:							***********							
Storage and disposal of garbage: On the back of this page, draw a sketch of the	booth.													
Storage and disposal of garbage:	booth.	nimum Sanita	ition Stan	dards fo	r Food Estal	blishments	- Chapter X.,							

Pl	Plan Review:																									
A.	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.)																									
В.	B. Describe floor, wall and ceiling surfaces:																									
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BC	BOARD OF HEALTH COMMENTS:																									

DATE

Date

PERMIT NUMBER

Copy to Applicant:____ In Person _____ Mailed

APPROVED BY: