



*Town of East Brookfield,
Massachusetts*

BOARD OF HEALTH
122 Connie Mack Drive
East Brookfield, Massachusetts 01515

**2024 TEMPORARY FOOD ESTABLISHMENT PERMIT
APPLICATION**

FEE = \$75.00

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Dates and Times: _____

VENDOR INFORMATION

NAME OF ORGANIZATION/DBA: _____

Applicant's Name: _____

Address/City/State/Zip: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Describe your Structure: Booth () Mobile Unit () Other (please describe): _____

Note:

1. It is required that the person-in-charge is Food Protection Certified, and has completed Food Allergy Awareness Training and is on-site during operation.
 - a. Name of Certified Food Protection Manager: _____
 - b. Name of Food Allergen Awareness Trained Employee: _____
2. A COPY OF THE FOOD MANAGERS CERTIFICATION AND FOOD ALLERGY AWARENESS CERTIFICATE IS REQUIRED WITH EVERY APPLICATION
3. Allergy notice is printed on all menus and menu boards? Yes ☐ No ☐

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4. You must provide hot temperature control for the hot holding of all potentially hazardous foods above 140°. Reheated potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.
5. You must provide cold temperature control for the cold holding of potentially hazardous foods.
6. You must provide hand washing facilities for staff – please describe:

7. Describe Utensil washing facilities:

8. Describe: Source and storage of water/ice: _____
9. Describe storage and disposal of wastewater and garbage: _____
10. Describe how you are protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods: _____

Attestation:

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations and I consent to inspection by the East Brookfield BOH and its agents. I acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

Applicants Signature: _____ Date: _____

Temporary Food Establishment Permits must be submitted 15 days prior to the event. Permits once approved are valid for 6 months or until the calendar year ends, whichever is shorter.. Please complete the following and send to the Board of Health to do business in East Brookfield:

- This completed Temporary Food Establishment application
- Supporting documentation as requested to include:
 - an affidavit of Workers' Compensation Insurance
 - FOOD MANAGERS CERTIFICATION AND FOOD ALLERGY AWARENESS CERTIFICATE
 - A Certificate of Liability Insurance
- **A check in the amount of \$75.00 from the vendor, made payable to the Town of East Brookfield.**

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Upon satisfactory completion and delivery of the above, a temporary food permit will be issued and sent to you by mail or email.

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____ Title: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____