



Office of
Board of Health

Town of Marshfield

Board of Health

870 Moraine Street

Marshfield, Massachusetts, 02050

Tel: 781-834-5558

Fax: 781-837-6047

2018

Temporary Food Application Requirements

Dear Applicant:

Below is information regarding the application process to obtain a Temporary Food Permit. If you have questions or concerns regarding the process please contact us at 781-834-5558.

Permit application instructions

1. Complete and submit the Temporary Food Application.
2. Submit a copy of your Home Base Restaurant or Commissary permit if you have a licensed establishment in another municipality.
3. Submit a copy of your most recent food inspection report. (if applicable)
4. Submit a copy of your current Food Safety Certification and Allergen Awareness Certification.
5. **If preparing PHF's (Potentially Hazardous Foods) off site:** Please attach a copy of the fixed base of operation, commissary, or restaurant where the food will be prepared, including dates and times of food preparation. Describe how food will be safely transported (temperatures above 135F and below 41F) to the event (Hot dog carts are exempt)
6. Complete and submit the affidavit for Workers Compensation Insurance.
7. Submit a copy of your Certificate of Insurance which indicates your worker's Compensation coverage dates and policy number (obtained from your insurance agent) if applicable.
8. Submit your application packet along with the appropriate fee:

Temporary Food Permit Fee: \$15.00 per day (if received 2 weeks prior to an event)

Fee: \$25.00 per day (if received less than 2 weeks prior)

Permits may not be issued if received less than 72 hours prior to an event.

9. On the day of your event please **Conspicuously Display** your Food Permit and an Allergy Awareness Notice stating "Before placing your order, please inform your server if a person in your party has a food allergy".

Please ensure that all forms are completed in their entirety by printing or typing neatly and legibly. Once complete, please return all required documents and fee to:

Town of Marshfield
Marshfield Board of Health
870 Moraine Street
Marshfield, MA 02050

Incomplete applications will be mailed back to you.

Sincerely,

Robert Valery

Assistant Director of Public Health

Marshfield Board of Health
870 Moraine Street
Marshfield, Ma. 02050

781-834-5558
Fax 781-837-6047

Permit # _____

Fee _____
10 Days

2018 MARSHFIELD FAIR August 17-26

Early Registration Fee: \$15.00 per day (if received 14 days prior to event) - \$150.00

\$25.00 per day (if received less than 14 days prior to event) - \$250.00

PLEASE NOTE: Applications will not be accepted less than 72 hours prior to an event.

***Applications will not be accepted unless a copy of your up-to-date Food Certification(s) and Allergen Awareness Training is enclosed.**

(Please contact Selectmen's office for Common Victualler license 781-834-5563)

PLEASE PRINT CLEARLY

Name of Establishment: _____

Name of Certified Food Handler: _____

Name of Owner: _____

Complete Mailing Address: _____

Town: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Cell Phone _____

Menu: List all food items proposed to be prepared and served

Confirm your understanding that the following is needed for all food handling? Y N

Food grade gloves / Food Thermometer / Hand sanitizer & towels / Covers on Food

If preparing PHF's (Potentially Hazardous Foods) off site: Please attach a copy of the fixed base of operation, commissary, or restaurant where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported (temperatures about 135 F and below 41 F) to the event. (Hot Dogs are exempt)

List sources if serving meat/poultry/seafood/shellfish (Shellfish tags must be maintained for 90 days)

List water source and storage method _____

How will wastewater be stored and disposed? _____

How will garbage be stored and disposed? _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above, without prior approval from the Board of Health, may nullify final approval.

Signature(s) _____

Date: _____

Other Fees:

Prepackaged Frozen Dessert Only: \$ 45.00 (10 days)

Non-profit: \$ 30.00 (10 days)

APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE!

Approval of these plans does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute approval for operation. A pre-opening inspection of the establishment, with equipment in place and operational, will be required to determine compliance.

Approval _____
Disapproval _____

Date: _____
Date: _____