



Town of Marshfield

BOARD OF HEALTH

870 MORaine STREET
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

TO: Temporary Food Establishments

FROM: Marshfield Board of Health

RE: Current Food Safety, Allergen Awareness Certifications and
Equipment Requirements

DATE: May 15, 2013

This is a reminder to all Temporary Food Establishments to review your current Food Safety Certifications & Allergen Awareness Certification to ensure that those Certifications are valid and up-to-date. When applying for your Temporary Food Establishment permit for the 2013 Season, you will be required to submit current and valid Certifications.

Also, if you store, prepare and/or serve Potentially Hazardous Foods (i.e. meat, chicken, sausage, fish, eggs, etc.) you will be required to use a refrigeration unit equipped with thermometers. You will also be required to have a sink, at your booth, equipped with hot and cold running water and a waste water disposal system.

Thank you for your cooperation in the above matters.

Marshfield Board of Health

Gerald J. Maher, Chairman
Mark W. MacDonald, Vice-Chairman
Tyler W. Nims, Clerk

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

781-834-5558
Fax 781-837-6047

Permit # _____

Fee _____
\$10.00 DAY

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

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

PLEASE PRINT CLEARLY

Name of Establishment: _____

Name of Operator: _____

Email Address: _____

**Complete Mailing
Address:** _____

Town: _____ **Zip:** _____

Fed. ID # _____

Phone: _____ Cell Phone _____

Event Location: _____

Dates & Hours of Operation: _____

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

Will all foods be prepared at the temporary food establishment booth? Y N

If no, attach a copy of the agreement with the licensed food establishment where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported to the event.

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: _____

Fees: **1-10 days \$10.00/day**
Each additional day over 10 \$5.00/day

Frozen dessert: \$45.00
Non-profit: \$30.00

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 _____

Date: _____

Disapproval _____

Date: _____

Reason for disapproval _____
