Marshfield Board of Health
870 Moraine Street
Marshfield, Ma. 02050
781-834-5558 / Fax: 781-837-6047

All Vendors:
Please contact the
Selectmen’s Office
781-834-5563 for a
Common Victualler’s
License

Permit #_______
Fee _______
10 Days

2020 MARSHFIELD FAIR August 21-30
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.

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.

All soft serve ice cream vendors must include their most recent lab test result data.

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

______________________________________________________________

(over)
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: ______________

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 __________________________ Disapproval __________________________

Date: __________________________ Date: __________________________

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: __________________________