



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035
 www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax. (508) 543- 6270

APPLICATION FOR
TEMPORARY FOOD ESTABLISHMENT PERMIT

Application must be submitted 30 calendar days before proposed event day.
 \$50.00/check payable to the Town of Foxborough – include \$200 Late Fee if submitted less than 30 days before event.

NO REFUNDS OR TRANSFER OF FUNDS

BHP- _____
 DATE REC'D _____
 CHECK# _____ APPOINTMENT DATE: _____

Event Information

Name of the Event _____
 Location of Event _____
 Date(s) of Event _____ Hours of Operation at Event _____

Applicant/Business Information

Name of Applicant: _____
 Address of Applicant: _____ Phone # of Applicant: _____
 E-mail: _____
 Name of Organization/Business: _____
 Address of Organization/Business: _____
 Phone # of Organization/Business: _____
 E-mail: _____

Food Service Information – Please answer ALL of the following questions...

****List ALL food and drink you will be serving/selling/giving away****

****Exclusions: No food products shall be served/sold/given away raw or undercooked****

1.) Is the food product you will be serving/selling/giving away a potentially hazardous food? **Yes / No**
(i.e. contains meat, dairy, cooked vegetables, cut fruits and vegetables, etc.)

a.) If yes, how will the food be **transported** and kept hot (>140°F) and/or cold (<41°F) to the event?

b.) If yes, how will the food be kept hot and/or cold **at** the event?

2.) Will you be preparing any food on site (i.e. cooking, reheating, etc.)? **Yes / No**
If yes, briefly describe this preparation and what equipment will be used:

3.) Will the Booth have electricity: **Yes / No**

4.) Running Water: **Yes / No**

5.) Describe bathroom facilities (i.e. building with plumbing, port-a-potty, etc.) and location:

6.) Will you be using propane at your event or have any open flames? **Yes / No**

If yes, you must contact the Fire Department for any necessary permits or certificates if applicable.

7.) Will you be using or producing grease during the event? **Yes / No**

If yes, how will you be storing/disposing of this grease? _____

8.) Will you be serving/using ice? Describe source and use of ice:

9.) Describe what you will be using for handwashing activities at the site where food preparation/serving will be occurring:

Please review the Town of Foxborough’s “The Temporary Food Event - Top 10” included with this application. Following these “Top 10” food safety tips will assist in making this event a safe and successful one.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (The Mass. Sanitary Code for Food Establishments can be obtained by calling the State House Bookstore at 617-727-2834 or 508-646-1374, and on-line at www.state.ma.us/dph/fpp)

APPLICANT SIGNATURE: _____

DATE: _____

STOP!!!!

Have you included the following in this application submittal

- CERTIFIED FOOD MANAGER CERTIFICATE – For Potentially Hazardous Foods Only.
 - For pre-packaged items/bottled water, etc., a ServSafe Certificate is not necessary.
 - ALLERGY AWARENESS CERTIFICATE
 - WORKERS’ COMPENSATION FORM – A new form is needed every permitting season, with policy number
 - and expiration date of policy.
 - Sole Proprietors and non-profit organizations must also complete this form.
 - COPY OF CURRENT LICENSE FROM THE TOWN WHERE YOUR ESTABLISHMENT IS LOCATED
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COORDINATOR'S CHECKLIST FOR FOXBOROUGH TEMPORARY FOOD EVENTS

Appointment Date with BOH:

*** RETURN COMPLETED APPLICATION TO THE FOXBOROUGH BOARD OF HEALTH OFFICE
 THIRTY (30) DAYS BEFORE THE EVENT.**

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT.**

- 1. NAME OF EVENT: _____ DATE(s): _____
- 2. EVENT LOCATION (*BE SPECIFIC – LOT #, ROOM NAME, ADDRESS, ETC.*): _____
- 3. EXPECTED NUMBER OF PATRONS: _____
- 4. EXPECTED PEAK DAYS & NUMBERS OF PATRONS: _____
- 5. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE (work, home, cell)</u>
_____	_____	_____
_____	_____	_____

- 6. NUMBER OF ANTICIPATED FOOD BOOTHS: _____
- 7. TIME OF EVENT SET-UP: _____ TIME OF EVENT COMPLETION: _____
- 8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION, PROVIDED BY) – COMPLETE ATTACHED FORM:

- 9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: ___ YES ___ NO
- 10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____
- 11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____
- 12. DESCRIBE GARBAGE DISPOSAL: _____

<u>SIGNATURE - EVENT COORDINATOR</u>	TITLE	DATE
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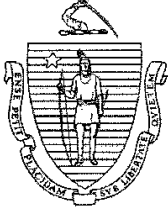
Printed Name of Event Coordinator	Address	Phone#	Email
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TEMPORARY FOOD EVENTS

- A Foxborough Board of Health permit is required for ALL vendors that will be selling or giving away any pre-packaged snacks or drinks (including bottled water).
- A Foxborough Board of Health permit is required for ALL vendors that will be preparing, cooking, and/or serving ANY food on site.
- Pre-packaged snack size "Halloween-type" candy and lollipops are exempt from all permit requirements.

THE TEMPORARY FOOD EVENT TOP 10!

1. No one who is **SICK** should be handling or preparing open food.
2. **HANDWIPES**, not hand-sanitizers, must be used for handwashing.
3. The **EXACT** State-specified Allergy Awareness statement must be posted and visible to the public.
4. All long hair must be **RESTRAINED**.
5. **NON- LATEX** gloves are required when handling all ready-to-eat foods.
6. A calibrated food **THERMOMETER** must be available to test the temperature of all hot and cold potentially hazardous foods. Hot foods must be at >140°F, cold foods must be at <41°F.
7. In the absence of proper washing, rinsing, and sanitizing equipment, **EXTRA** serving utensils must be provided in the event contamination occurs.
8. The Foxborough Board of Health permit must be **POSTED** visible to the public.
9. Personal drinks, personal belongings, and all chemicals (including sanitizer) must be **SEGREGATED** from all food and food equipment.
10. Limit self-service of food from the general public. All food must be **PROTECTED** from the public through service by chefs, food covers, food wrapping, sneeze guards, individual pre-portioned size containers, etc.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____