



TOWN OF MARBLEHEAD

Board of Health

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TEMPORARY FOOD SERVICE APPLICATION

FEE \$25

***REQUIRED**

NAME OF FOOD ESTABLISHMENT*: _____

PHONE*: _____

NAME OF OWNER*: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP CODE*: _____

EMAIL ADDRESS: _____

NAME OF EVENT*: _____

EVENT COORDINATOR*: _____

EVENT ADDRESS*: _____

DATE/TIME OF EVENT*: _____

SIGNATURE OF APPLICANT*: _____

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION. ITEMS AND LOCATION PURCHASED:

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A ___, IF YES, DESCRIBE FACILITIES AND EQUIPMENT:

OFF SITE: YES ___, IF YES, WHERE?

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

ON SITE: _____

OFF SITE: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW): _____

REFRIGERATION: REQUIRED _____ NOT REQUIRED _____
METHOD OF REFRIGERATION/THERMOMETERS:

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY INCLUDING TYPE OF SANITIZER:

SAMPLING: VENDOR TO USE SINGLE SERVING CUPS, NAPKINS AND/OR UTENSILS. ALLERGEN ADVISORY TO BE POSTED.

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES:

LOCATION OF TOILET FACILITIES:

HAIR RESTRAINTS PROVIDED: YES _____ NO _____

DISPOSABLE GLOVES PROVIDED: YES _____ NO _____

SUBMIT: APPLICATION, FEE, FOOD PERMIT FOR THE BASE OF OPERATION, SERVSAFE AND ALLERGEN CERTIFICATES FOR STAFF.