



SUBMIT COMPLETED FORM TO THE LICENSING DEPARTMENT

Town of Truro Application for Temporary Food Service Permit

PART I - TO BE FILLED IN BY APPLICANT

Applicant (*check one*) ☐ private individual, organization or business ☐ non-profit organization
[must attach copy of Form 501(3)(c)]

Name of Organization: _____

Address: _____

Authorized Representative or Contact:

Name: _____

Address: _____

Telephone Days: () Evenings: () Fax _____

Requested Location/Facility _____

Requested Dates _____

Requested Times _____ **Rain Dates/Times** (*Must be completed*) _____

1. Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?
_____ YES _____ NO
2. Menu: Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Organizations Conducting Food Preparation:

List Names of all staff with a Food Manager Certification: (non-profit organizations, school events, church suppers and fairs exempt).

1. _____ Exp. Date: ____/____/____
2. _____ Exp. Date: ____/____/____
3. _____ Exp. Date: ____/____/____
4. _____ Exp. Date: ____/____/____

List Names of all staff with a Allergen Awareness Certification: (non-profit organizations, school events, church suppers and fairs exempt).

1. _____ Exp. Date: ____/____/____
2. _____ Exp. Date: ____/____/____
3. _____ Exp. Date: ____/____/____
4. _____ **Exp. Date:** ____/____/____

4. Base of Operation: (licensed fixed food establishment): _____

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Please Complete attached Appendix Plan Review.

I agree to any conditions specified by the Board of Health, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations.

APPLICANT'S SIGNATURE

DATE

PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date

NOTE: FOOD SERVICE IS LIMITED TO THE SALE OF NON-POTENTIALLY HAZARDOUS FOODS, PREPACKAGED POTENTIALLY HAZARDOUS FOODS AND THE PREPARATION OF FROZEN HAMBURGERS AND HOT DOGS IF THE FOOD MANAGER CERTIFICATION REQUIREMENT IS NOT MET.