

TOWN of STURBRIDGE BOARD of HEALTH



Temporary Food Establishment

Fee: \$60

Check to be Made Payable to the Town of Sturbridge

COMPLETED APPLICATIONS MUST BE RECEIVED 14 DAYS IN ADVANCE OF EVENT.

Late applications are subject to a \$15 late fee, totaling \$75 for permitting.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Event Name:		
Event Location/Address:		
Event Date(s) and Time(s):		
Business Name:		
Business Address:		
Owner Name:		
Business Phone:		
Applicant Name:		
Applicant Phone:		
Applicant Email:		
Person In Charge of Food Safety:		
Food Protection Manager Certification Expiration:		
Allergen Awareness Certification Expiration:		
REQUIRED DOCUMENTATION		
☐ Full menu of all items offered		
□ Proof of establishment/commissary/leased kitchen (permit, license or recent inspection report)		
☐ Copy of Food Manager Certification		
☐ Copy of Allergen Awareness Certification		
☐ Proof of insurance		



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$FOOD\ STORAGE\ \&\ HANDLING-If\ not\ applicable\ (N\!/\!A), please\ explain.$

1. Explain how cold foods are kept cold during storage and service:		
2. Is tin	ne as a method of control in use for any temperature control for safety foods? Explain:	
3. Expl	ain how hot foods are heated and held for service:	
4. Expl	ain method for keeping foods protected from contamination during transport:	
AT TE	IE TIME OF INSPECTION, THE TEMPORARY ESTABLISHMENT MUST: Be fully operational (e.g., all water tanks must be filled and all equipment operating). Have all foods covered during display or otherwise protected from contamination. Have protective dispensers for bulk condiments and single service articles that are not individually wrapped. If sampling, limit preparation of sampled goods at the temporary location (e.g., cutting larger items, packaging, etc. should be done at the base of operation). Have foodservice sanitizer available for any food contact surfaces. Test strips must be available. Hand sanitizer can be used in place of handwashing station under limited circumstances.	
An inspection will be conducted prior to permit issuance.		
* OPERATION PRIOR TO INSPECTION WILL RESULT IN DENIAL OF YOUR PERMIT *		
By signing this form, I acknowledge that I have read and understand all of the above statements.		
Name:		
Signature: Date:		