

NORTHFIELD BOARD OF HEALTH
69 MAIN STREET
NORTHFIELD, MA. 01360
(413) 498-2901 Phone FAX: (413) 498-5103

TEMPORARY FOOD SERVICE APPLICATION

All Applications Must be Submitted No Later than 30 days in Advance of Event

Name of Business: _____

Name of Owner: _____

Address: _____

Mailing Address (if different): _____

Telephone: _____

Date(s) of the event: _____

LOCATION OF MOBILE FOOD SERVICE: _____

Have you submitted your application for a Common Victualer's License from the Select Board Office? Yes: ___ No: ___

Base of Operation (if food is to be prepared off-site from temporary site):

Type of food(s) being served:

How will refrigerated items be kept cold while at the site? _____

How are hot items to be heated and maintained? _____

Where will the hot water for hand/pot washing be supplied from? _____

Is operator Servsafe Certified? Y _____ N _____ *Attach Copy of Certificate.

Has a "Person in Charge" been named? Y _____ N _____

If so, please print name of "Person in Charge": _____

Contact phone number of person in charge: _____

Type of Food Service Unit: (Check all that apply)

Mobile Trailer _____ Permanent Building _____ Pushcart

Other: _____ (please specify)

FOOD STORAGE

Is adequate freezer and refrigeration (mechanical/ice) available to maintain frozen foods at a frozen state, and refrigerated foods at 41° degrees F and below?

Yes: _____ No: _____

Will each refrigerator or freezer be supplied with a thermometer?

Yes: _____ No: _____

Number of refrigeration units: _____

Number of freezer units: _____

Note: Packaged foods shall not be stored in contact with water or undrained ice. Wrapped sandwiches shall not be stored in direct contact with ice.

Protective covers must be provided for unwrapped foods on display.

Signature of Vendor: _____

Print Name: _____

Please sign and return with the \$25.00 fee (check made payable to Town of Northfield) to:

Northfield Board of Health
69 Main Street
Northfield, MA 01360

Thank you. If you have any questions, please call Charlie Kaniecki 413-695-0593.