



**TOWN OF WESTPORT**  
**WESTPORT, MASSACHUSETTS 02790**

Tel: (508) 636-1015  
 Fax: (508) 636-1016  
[Health@Westport-MA.gov](mailto:Health@Westport-MA.gov)

OFFICE OF BOARD OF HEALTH  
 856 MAIN ROAD

## APPLICATION

**FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**  
 (Application must be submitted at least 14 days before the planned event)

---

<b>Name of Event</b>	<b>Location of Event</b>	<b>Date &amp; Time of Event</b>
----------------------	--------------------------	---------------------------------

---

**Name of Establishment**

---

<b>Owner's Name</b>	<b>Owner's Contact Telephone</b>
---------------------	----------------------------------

---

<b>Owner's Mailing Address</b>	<b>Operator's Name (if different from owner)</b>
--------------------------------	--

1. Before completing this application, read "Food Safety at Temporary Events" and the temporary food establishment "Are You Ready?" check list. Have you read these materials?  YES  NO
2. **Menu:** Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 5 days prior to the event. \_\_\_\_\_

3. Will all foods be prepared at the temporary food establishment booth?  YES  NO  
 Attach a copy of the agreement with the licensed food establishment where food will be prepared. Please include dates and times of food preparation and a copy of the permit.

4. List each food item prepared, and for each item check which preparation procedure will occur.

**At the Booth**

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

**At the booth**

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

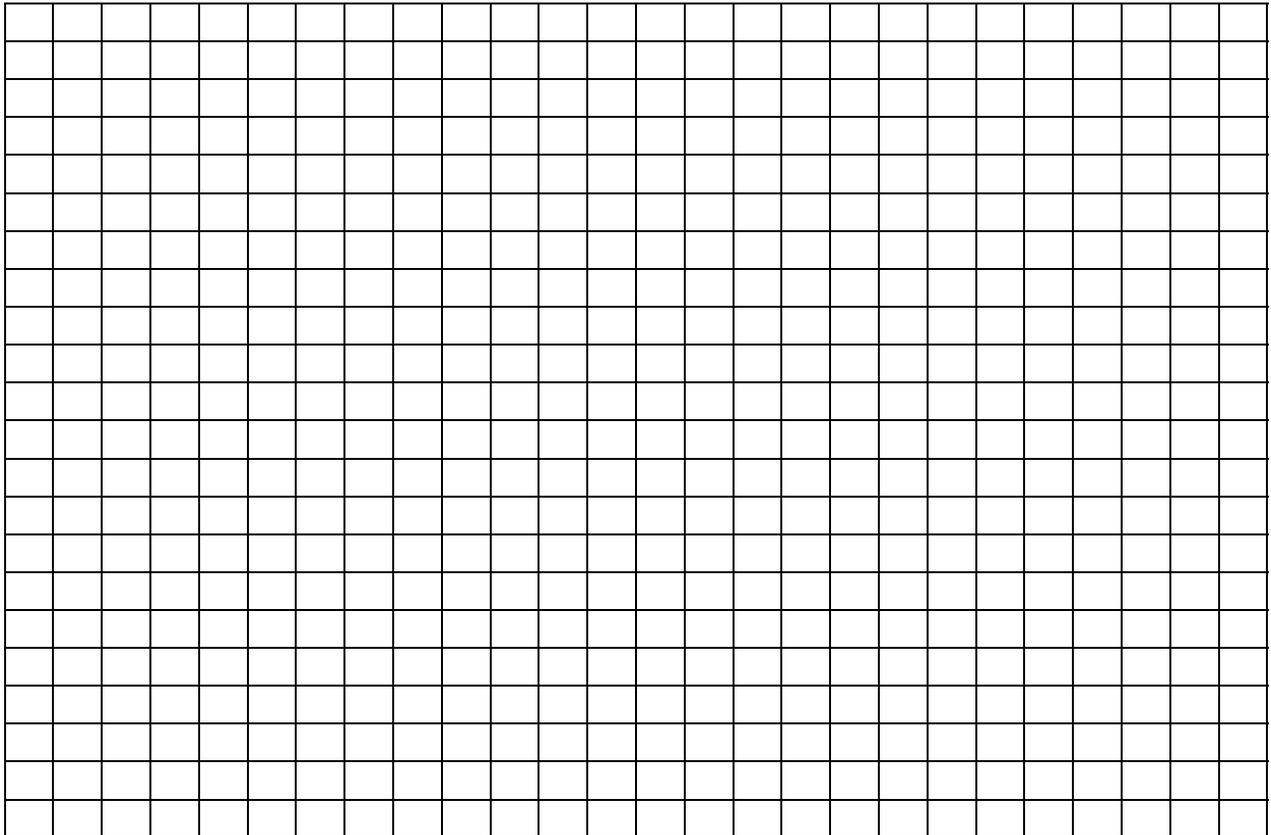
**Note: If your food preparation procedures DO NOT fit the charts, attach an additional sheet.**

5. Food source(s): \_\_\_\_\_  
 Source and storage of water/ice: \_\_\_\_\_  
 Storage and disposal of wastewater: \_\_\_\_\_  
 Storage and disposal of trash: \_\_\_\_\_

6. In the grid, draw a sketch of the booth.

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A Certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



7. Please provide a list of the food handlers participating in this event. The list must include the full name, address, and telephone.

8. Please include the Certified Food Managers Certificate (*if applicable*)

9. I certify that I am familiar with *105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X*, and the above described establishment will be operated and maintained in accordance with the regulations.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_