



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

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OFFICE OF BOARD OF HEALTH  
 856 MAIN ROAD

**APPLICATION**  
**FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**  
 (Application must be submitted at least 30 days before the planned event)

<b>Name of Event</b>	<b>Location of Event</b>	<b>Date &amp; Time of Event</b>
<b>Name of Establishment</b>	<b>Establishment Address</b>	
<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>	
<b>E-Mail Address</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 ESTABLISHMENT**

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.**

