

Name of Event

TOWN OF WESTPORTWESTPORT, MASSACHUSETTS 02790

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

Date & Time of Event

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)

Location of Event

| Name of Establishme | ent | | | Establishment Address | | | | | | | | | | | | | |
|---|------------------------------|------------------|---------------------|---------------------------|-----------------|---------------|-----------------|--------------------|--|--|--|--|--|--|--|--|--|
| Owner's Name | | | | Owner's Contact Telephone | | | | | | | | | | | | | |
| Owner's Mailing Ad | dress | | | Operator's | Name (if diff | ferent from o | wner) | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | | | | |
| 1. Before complete "Are You Read | | | | | | | | stablishment | | | | | | | | | |
| 2. Menu: Attach prior to the even | | | | | | • | ard of Health a | at least 5 days | | | | | | | | | |
| - Attach a copy of - Please include 4. List each food ite At the ESTABLE | dates and time em prepared a | es of food prep | paration and market | nd a copy which pre | of the permit. | edure will oc | cur. | | | | | | | | | | |
| Food | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package | | | | | | | | | |
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| Food | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package | | | | | | | | | |
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Note: If your food preparation procedures DO NOT fit the charts, attach an additional sheet.

| | Sto | rce a age age | and (| disp | osa | l of | was | stev | vate | r: _ | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|----------------------|------------------------|--------------------|-------------------|-----------------------|-----------------------|---------------------|----------------------|-----------------------|-------------|-----------|-------------|--------------|-------------|---------------|------|------------|-------------|--------------|-----|---------------|--------------|--------------|-------|-----|------|--------------|--------------|------------|------------|-------|
| 6. | In t | he gr Dra refi | id, d w in igera | raw the ator | as loc s, w | keto catio vork | ch o on a ctabl | f th nd: les, | e bo iden food | oth. tify d/sir | all ngle | equ se | ipm rvic | ent e ste | inc orag | ludi ge, e | ng l | hand (A | d wa Cer | ash tific | fac | ilitie fro | s, d m th | lish ne F | ire l | Dep | acil | ities men | , ra t is | nge req | s, uire | d for |
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| 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 (<i>if applicable</i>) 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. 10. Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | e file ial Se | | | | | | | | _ | | | | | _ | | | | | | | | | | | | | | | | | |
| Aį | Applicant's Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. Food source(s):

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