



Boston Inspectional Services Department
 Division of Health Inspections
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 Boston, MA 02111
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TEMPORARY FOOD SERVICE APPLICATION

***REQUIRED**

APPLICANT (Company)*: _____ PHONE* _____

NAME OF OWNER* (if different): _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIPCODE*: _____

EMAIL ADDRESS: _____

NAME OF EVENT*: _____

EVENT COORDINATOR*: _____ PHONE * _____

EVENT ADDRESS*: _____

CITY* _____ STATE* _____ ZIPCODE* _____

DATE/TIME OF EVENT*: _____

SIGNATURE OF APPLICANT*: _____

ONLY NO TRANS FAT FOODS CAN BE SERVED (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.

ITEMS:

LOCATION PURCHASED:

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

FEES ARE AS FOLLOWS:

1 DAY EVENT - \$30

EXAMPLE:

1/1/01=\$30

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: _____

OFF SITE: YES ___, IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW): _____

REFRIGERATION: REQUIRED ___ NOT REQUIRED _____

METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: _____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES ___ NO ___

DISPOSABLE GLOVES PROVIDED: YES ___ NO ___

