



Inspectional Services Department

Temporary Food Service Application

APPLICANT (Company): _____ Phone: _____
Name of Owner (if different): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Licensed establishment where foods are prepared: _____
Copy of Permit Provided: Yes _____ Pending _____
Email Address: _____
Name of Event: _____
Event Coordinator: _____ Phone: _____
Event Address: _____
City: _____ State: _____ Zip Code: _____
Date/Time of Event: _____
Signature of Applicant: _____

TRANS FAT FOODS CANNOT BE SERVED

List all food/beverages that will be served and the establishment where the food was purchased. If shell stock is utilized, please have copies of tags available for inspection.

ITEMS:	LOCATION PURCHASED:

PLEASE NOTE: TIME TEMPERATURE CONTROLLED FOR SAFETY FOOD PRODUCTS (TCS) ALWAYS REQUIRE A HEALTH INSPECTION ON SITE.

FEES ARE AS FOLLOWS:

1 Day Event- \$30

Example: 1/1/21 - \$30

\$30 for the First day and \$5 for each consecutive day up to 14 days

Example: 1/1/21-1/3/21=\$40

Inspector Cost for Off Hours- \$250 per inspector

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Email: isdtempevent@boston.gov Website: www.boston.gov/isd

PREPARATION/COOKING FACILITIES:

Onsite: Yes ___ No ___ N/A ___ If Yes, please describe the facilities and equipment:

Offsite: Yes ___ If yes, please describe the location:

Type of Tableware: Paper Products _____ China _____

Describe ware washing facilities for utensils and equipment:

FOOD PROTECTION:

Describe the equipment and means of transporting **COLD** Food (41°F or below) and **HOT** Food (135°F or above): _____

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:

Disposable Gloves Provided: Yes ___ No ___

Hair Restraints Provided: Yes ___ No ___

Number of Food Handlers: _____

Location of Handwashing Facilities: _____

Location of Toilet Facilities: _____

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