



Temporary Food Application Process

1. All temporary food service applications **must** be completely filled out and submitted 10 days prior to your event.
2. Any vendor that does not have a licensed establishment to operate, must obtain a copy of the Health permit and a letter from the establishment stating they have permission to use the facility.
3. Any vendor doing pre-packaged products **must** pick up the product the day of the event; nothing should be stored at home.
4. All applications must be submitted by the event coordinator. Individual applications will not be accepted unless other arrangements have been made between the coordinator and ISD Health.
5. If the event is having TCS foods, an inspector is required. If the event occurs outside of business hours, which are Monday through Friday 8am-4pm, an off hours inspection request will need to be completed.



Temporary Food Service Application

Name of Applicant: _____ Phone: _____

Name of Establishment (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Copy of Permit Provided: Yes _____ Pending _____

FDA Number (if applicable): _____

Name of Event: _____

Event Coordinator: _____ Phone: _____

Email Address: _____

Event Address: _____

Date/Time of Event 10am-5pm 11am-4pm

List all food/beverages that will be served and the establishment where the food was purchased.

Trans Fat Foods Cannot Be Served

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

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

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

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

PREPARATION FACILITIES:

At the Event: Yes ___ No ___ If Yes, please describe the facilities and equipment:

Off-site at Establishment: Yes ___ No ___ If yes, please describe the location:

COOKING FACILITIES:

At the Event: Yes ___ No ___ If Yes, please describe the facilities and equipment:

Off-site at Establishment: Yes ___ No ___ If yes, please describe the location:

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: _____

Measures to protect food from contamination during preparation, storage, and display: Select All that Apply

☐

Chafing Dish

☐

Hand-washing

☐

Other: Provide Detail Below

☐

Cambro Units

☐

Sneeze Guards

☐

Aluminum Foil

☐

Gloves/PPE



Signature: _____

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

Email: isdtempevent@boston.gov

Website: www.boston.gov/isd