



## 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**

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Email: [isdtempevent@boston.gov](mailto:isdtempevent@boston.gov) Website: [www.boston.gov/isd](http://www.boston.gov/isd)

**PREPARATION FACILITIES:**

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

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

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**COOKING FACILITIES:**

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

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

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**FOOD PROTECTION:**

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

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Refrigeration: Required \_\_\_ Not required \_\_\_

Method of Refrigeration: \_\_\_\_\_

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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: \_\_\_\_\_