



TOWN OF DEERFIELD

Board of Health
8 Conway Street
South Deerfield MA 01373
Voice: (413) 665-1400
Facsimile: (413) 665-1411

TEMPORARY FOOD ESTABLISHMENT APPLICATION **\$35.00/day up to 4 days or \$150 for over 4 days up to 14 consecutive days**

*** Application fee is non-refundable. Make checks payable to *Town of Deerfield*. ***

Application Date: _____
Business Name: _____
Owner Name: _____
Owner Address: _____
Owner Phone & Email: _____
Base of Operations Name: _____
Base of Operations Address: _____
Base of Operations Phone: _____
FID: _____
Event Name, Date & Time: _____
Event Specific Location: _____

Holding Equipment: *Please check the setup that best describes your hot/cold service equipment.*

Yes I am providing no foods which are **homemade**. All foods are prepared on-site or are from an approved commercial establishment.
 No Name of Establishment: _____ Permit #: _____
Description of holding area or product: _____

Yes I am providing hot temperature control for the hot holding of all time/temperature control for safety food (TCS) above 135° F minimum.
 No Description of hot holding equipment: _____

Yes I am providing cold temperature control for the cold holding of all time/temperature control for safety food (TCS) below 41° F maximum.
 No Description of cold holding equipment: _____

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Thermometers:

Please check the method that best describes your measurement of hot and/or cold monitoring equipment.

Yes

I am providing a metal stem-type thermometer (0-220°) to measure the hot and cold holding of time/temperature control for safety food (TCS) or I am providing a thermometer for every refrigeration unit.

No

Handwashing:

Please check the one that best describes your handwashing facilities.

At a minimum you need a five (5) gallon container with a spigot, a bucket for the collection of wastewater, pump soap, paper towels, and a lined trash receptacle.

Yes Plumbed sink, or
 No Gravity flow container.

Utensil Washing:

Please check the one that best describes your setup.

Yes Three compartment sink, or
 No Three (deep) tubs or basins; one for soap and water, one for rinse water, and one for sanitizing solution.

Unpackaged Food :

Please describe your method for protecting food and food preparation areas from flies, dust, and the general public:

Structure:

Please check the type of unit you will use for this event. Add any details or description that pertain to your setup.

Booth

Tent

Other

Details: _____

Food Safety Certification

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and 1999 Food Code. The establishment described above will be operated and maintained in accordance with those regulations. Proof of Food Safety Certification is attached to this application.

Please sign and date this application.

Signature: _____ Date: _____

Printed Name: _____

For Office Use ONLY:

Fee Enclosed: _____

Date Rec'd: _____