



## 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

Cost: **\$25.00 per day**. Each permit is valid for no longer than two (2) days.

Non-profit Organizations may be exempt from this fee. Include Exempt Number: \_\_\_\_\_.

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

Event:  Craft Fair (June)  Craft Fair (Sept) (*Please submit one application for each event.*)  
Business Name: \_\_\_\_\_ FID: \_\_\_\_\_  
Address: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Units per Event: \_\_\_\_\_ Food Safety Certified:  Yes or  No

List of All Foods Served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 potentially hazardous foods above 140° F minimum.

No Description of hot holding equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes I am providing cold temperature control for the cold holding of all potentially hazardous foods 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 potentially hazardous foods, or
- Yes I am providing a thermometer for every refrigeration unit.

## 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
- Yes Gravity flow container.

## Utensil Washing:

*Please check the one that best describes your setup.*

- Yes Three compartment sink, or
- Yes 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**
- Mobile Unit**  **Other**

Details: \_\_\_\_\_

## Food Safety Certification

- 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: \_\_\_\_\_