

Town of Westwood
Commonwealth of Massachusetts
BOARD OF HEALTH



MEMORANDUM

TO: Temporary Food Event Coordinators

FROM: Cheryl Kelly, Sanitarian/Food Inspector

SUBJECT: Temporary Food Events

The Board of Health has been informed that your organization will be hosting an event in Westwood where food will be served to the public. Temporary Food Establishments must be licensed and inspected by the local Board of Health in accordance with *105 CMR 590.000 of the State Sanitary Code, Chapter X: Minimum Sanitation Stands for Food Establishment.*

Please review this packet for important information in order for your organization to have a successful event. **This application packet must be submitted no later than fourteen (14) days prior to the event.**

Caterers or licensed Establishments: Complete the temporary application packet; enclose copies of your base of operations/food establishment permit, Food Managers and Allergen Awareness Certificates, and Hawkers & Peddlers (if required) along with the fee of \$20.00, checks made payable to the Town of Westwood. Please include the Worker's Compensation Insurance Affidavit along with a certificate of liability (if applicable).

Non-Profit organizations: Complete the temporary food application. No fee is required.
Please Note: Non-Profit organizations will be allowed a limited menu only.

To obtain a copy of 105 CMR 590.000 which contains specific provisions for temporary food operations, contact the State House Bookstore at (617) 727-2834 or go to the Massachusetts Retail Food Safety Information web site at www.state.ma.us/dph/fpp/retail.

Please contact the Board of Health office if you have any questions.

**TOWN OF WESTWOOD
WESTWOOD BOARD OF HEALTH
APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

Date _____

Name of Event _____ Location _____

Address _____ Date(s) of Event/Hours _____

Operator _____ Mailing Address _____

Phone Number _____ Email _____ Emergency Phone _____

Section A: List foods that will be prepared at the base of operations (approved kitchen)
Provide a copy of your current food permit

Section B: List foods that will be sold at the booth

List each food item and for each item check which preparation procedure will occur.

Section A – Base of Operations (Approved Kitchen)

Food	Thaw	Cut-Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Section B

Food	Cook	Cold Holding	Hot Holding	Portion Package
1.				
2.				
3.				
4.				
5.				

Note: If your food preparation procedures cannot fit these charts, please provide all of the steps in preparing each item on an attached sheet.

Food Source(s) _____

Ex: BJ's, Shaws

Describe on-site food storage _____

Ex: food, food equip, single serve items (NOTHING STORED ON FLOOR/GROUND)

Describe transportation of above _____

Ex: coolers, cambro units

Will electricity be provided to food booths? _____ **Yes** _____ **No**

Source of ice _____ **How will it be stored?** _____

Describe potable water supply _____

Ex: Town water, store bought, private well

Describe bathroom facilities _____

Ex: onsite in building or port-a-potty

Describe wastewater disposal, if using hand washing station/grey water _____

Type of sanitizer used (bleach, quaternary ammonia) _____

Proper test papers for sanitizer? _____ **Yes** _____ **No**

Describe trash/garbage disposal _____

Ex: covered trash receptacles, bags, dumpster on-site

By providing this information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance provides the opportunity for a successful and smooth operation.

I certify that I am familiar with 105 CMR 590.000 of the State Sanitary Code, Chapter X; Minimum Requirements for Food Establishments and the 1999 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

Pursuant to MGL 62C, Section 40A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed State Tax returns and paid State Taxes required under law.

Signature

Federal ID/Social Security Number

