



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

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DIRECTOR OF HEALTH
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2015

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Fee(s): \$75.00 (1st Day + \$25 for each additional day) Crafter's Permit = \$10.00 per event

Call (508) 991-6199 for Assistance and/or to speak to Sanitarian Inspectors

	*	*
Name of Establishment / Business	Operator	Contact Telephone
	*	*
EVENT Name or LOCATION	Date(s) of Event	Hours of Operation
Operator Mailing Address		
*E-Mail Address		

- Before completing this application have you read the "Guidelines for Temporary Food Event Vendors?" ___ Yes ___ No
 If you are **coordinating this event** have you filled out the form entitled "Checklist"? ___ Yes ___ No
- MENU: **Attach a menu or list of all items to be prepared**, packaged or served. Any **changes** to this list must be submitted and approved by B.O.H. at least **7 days prior** to the event.
- Name of person holding a **Certified Food Protection Manager with Allergen Awareness Training**:
 _____ (Please provide a copy of the certificates)
- Will all foods be prepared at the Temporary Food Booth?
 _____ **YES** - Please **fill out only SECTION B** below.
 _____ ***NO** - Please **fill out SECTION A & B** below.
 *Please **attach a copy** of the current food establishment **permit for the "Commercial Kitchen" used or "Residential Kitchen" used to produce end product.**

SECTION A - At the approved kitchen:

List any potentially hazardous food item and for each item, check which preparation procedure will occur:

FOOD:	<i>Thaw</i>	<u>Cut / Assemble</u>	<u>Cook</u>	<u>Cool</u>	<u>Cold Hold</u>	<u>Reheat</u>	<u>Hot Hold</u>	<u>Portion Pkg.</u>
1)								
2)								
3)								
4)								
5)								
6)								

SECTION B - At the booth:

FOOD:	<i>Thaw</i>	<u>Cut / Assemble</u>	<u>Cook</u>	<u>Cool</u>	<u>Cold Hold</u>	<u>Reheat</u>	<u>Hot Hold</u>	<u>Portion Pkg.</u>
1)								
2)								
3)								
4)								
5)								
6)								

