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**HEALTH DEPARTMENT**

**BOARD OF HEALTH**

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**DIRECTOR OF HEALTH**

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#  **CITY OF NEW BEDFORD**

# **Jonathan F.Mitchell, Mayor**

 **2016: APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

**Farmers Market: April-October**

**Vendor Fee due at time of application: $50.00 to new bedford health department**

Call (508) 991-6199 and ask for Mary Freire-Kellogg, Senior Food Sanitarian, if you have questions.

Name of Establishment/Business Operator Contact Telephone/Email

EVENT Name or LOCATION Date(s) of Event Hours of Operation

Operator Mailing 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

**2)** MENU: **Attach a menu or list of all items** to be prepared or served. Any **changes** to this list must be submitted

and approved by the Health Department/Board of Health at least **7 days prior** to the event.

**3)** Name of person holding a **Certified Food Protection Manager with Allergen Awareness Training:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please provide a copy of the certificates)

 **4)** 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.

**SECTION A - At the approved kitchen:**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD:** | Thaw | **Cut/ Assemble** | **Cook** | **Cool** | **Cold Hold** | **Reheat** | **Hot Hold** | **Portion Pkg.** |
| **1)** |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |
| **6)** |  |  |  |  |  |  |  |  |

### SECTION B – At the booth:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD:** | Thaw | **Cut/ Assemble** | **Cook** | **Cool** | **Cold Hold** | **Reheat** | **Hot Hold** | **Portion Pkg.** |
| **1)** |  |  |  |  |  |  |  |  |
| **2)** |  |  |  |  |  |  |  |  |
| **3)** |  |  |  |  |  |  |  |  |
| **4)** |  |  |  |  |  |  |  |  |
| **5)** |  |  |  |  |  |  |  |  |
| **6)** |  |  |  |  |  |  |  |  |

 **5)** **Food Source(s):**

**Water/ Ice Source:**  **Storage:**

**Wastewater Storage:** **Disposal:**

**Garbage Storage:** **Disposal:**

**6) PLAN REVIEW:**

**A- Below, draw a sketch of your booth/trailer food prep area. Identify all equipment including hand wash facility, dish wash facility, \*\*ranges, ovens, refrigerators, worktables, food storage, trash receptacle, etc. (\*\*NOTE – All open flames require a certificate from Fire Dept.)**

**B- Describe floor, wall and ceiling surfaces:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**BOARD OF HEALTH COMMENTS**: \_\_\_\_\_\_

**APPLICANT’S SIGNATURE:** **DATE:\_\_\_\_\_\_\_\_\_\_**

**Individual Social Security # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or FEIN #:**

**Rev 9/28/12 ler**