



**TOWN OF CHARLEMONT  
BOARD OF HEALTH**

**FEE: \$60.00**

P.O. Box 465  
Charlemont, MA 01339  
Phone: (413) 339-4335 FAX: (413) 339-0320

**TEMPORARY FOOD SERVICE APPLICATION**

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip \_\_\_\_\_

3. Name of Unit: \_\_\_\_\_ Number of Units \_\_\_\_\_

4. List all foods to be served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. I am providing no foods which are homemade. All foods are prepared on site from approved commercial establishments. Yes \_\_\_\_ Name of Establishment: \_\_\_\_\_  
Permit # \_\_\_\_\_

6. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 140 \*f. Reheated, potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.

Describe hot holding equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. I am providing at least one full-time person in charge, who has passed an accredited food protection management exam. Yes \_\_\_\_

Name of Certified Food Protection Manager: \_\_\_\_\_

8. I am providing alternative means to bare hand contact with ready-to-eat (RTE) foods:

\_\_\_\_\_  
\_\_\_\_\_

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9. Food Establishments which serve raw or undercooked animal foods must inform consumers these foods are raw and may cause illness. Please describe consumer advisory:

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10. I am providing the following cold temperature control for the cold holding of potentially hazardous foods. Yes \_\_\_

Describe cold handling equipment: \_\_\_\_\_

11. I am providing a metal stem-type thermometer (0-220\* f.) to measure the hot and cold holding of potentially hazardous food. Yes \_\_\_

I am providing a thermometer for every refrigerator unit. Yes \_\_\_

12. Hand washing Facilities:

a.) Plumbed sink \_\_\_ b.) Gravity flow container \_\_\_ (At minimum, you need a 5 gallon insulated container, with a spigot, a bucket for the collection of the wastewater, pump, soap, paper towels and a line trash receptacle).

13. Utensil washing facilities:

a.) Three-compartment sink \_\_\_ b.) Three deep tubs or basins \_\_\_ (one for soapy water, one for rinse water and the other for sanitizing solution).

14. I am protecting my unpackaged food and food preparation areas from flies, dust and the public by the following methods: \_\_\_\_\_

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15. Structure: Booth \_\_\_ Mobile Unit \_\_\_ Tent \_\_\_ Other \_\_\_ (please describe)

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**I hereby consent to inspection by the governing authority used by the Charlemont Board of Health and Acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy of which I have received.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Enclosed: Yes \_\_\_ Copy of Serve Safe Certificate Enclosed: Yes \_\_\_

**Please enclose check and copy of Serve Safe Certificate with food service application.**

**(FOR BOARD OF HEALTH USE ONLY)**

Date Received:

Date Inspected:

Approved by:

Permit #:

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