



TOWN OF OAK BLUFFS
 BOARD OF HEALTH
 P.O. Box 1327
 Oak Bluffs, MA 02557
 (508) 693-3554 x 127

William White, Chm.
 James Butterick
 Thomas Zinno
 Meegan Lancaster
 Health Agent

A. NAME OF EVENT

Event Name:	Date (s):
Location:	Number of Booth (s):
Set Up Start Time:	Break Down Time:
Will this TFP be part of a larger special event such as a fair, open market or festival? YES ___ NO ___	If YES to previous then provide contact information for event manager:

B. TEMPORARY FOOD PERMIT APPLICANT CONTACT INFORMATION

Establishment Name:	Business Phone #:
Establishment Address:	Town, Zip Code:
Establishment Mailing Address (if different):	Cell Phone #:
Applicant Name:	Applicant Title:
Applicant Email:	On-site Representative:

Establishment Owned By: ___ Corporation ___ Individual ___ Partnership

If Corporation or Partnership, give name, title and home address of officers or partners:

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. COMMERCIAL KITCHEN / COMMISSARY INFORMATION

All food preparation which takes place prior to the event must be conducted in an approved food preparation facility with a valid health permit. All food which is prepared or stored prior to the event must be stored in a facility with a valid health permit. No home food storage is allowed with the exception of licensed residential kitchens which prepare only non-PHF food.

Kitchen Name:	Date(s) and Time(s) of Use (commissary only):
Address, Town, State, Zip:	Phone #:

Permit Number:	Dates Permit is Valid:		
If you own the kitchen where food is being prepared/stored proceed to section E.			
If you are NOT the owner of the kitchen, the owner of the licensed kitchen must fill out section D.			
D. COMMERCIAL KITCHEN PERMISSION			
The applicant submitting this application has permission to use the facility for the specified date(s) and time(s) in section C. If this permission is rescinded, I will immediately notify the Health Agent for the Town of Oak Bluffs (508-693-3554 x127)			
Name of Owner: _____ Signature: _____			
Contact #: _____ Email address: _____			
E. MENU ITEMS			
Food/Beverage Item	Cooking Procedure	Equipment to be used for hot/cold holding	Sampling *
			Y ___ N ___
			Y ___ N ___
			Y ___ N ___
			Y ___ N ___
* Explain Sampling Procedure:			
F. FOOD OPERATION CHECKLIST			
1.	I understand all food must be from an approved source or facility	Y ___ N ___ n/a ___	
2.	I understand I cannot prepare or store food/beverage at home	Y ___ N ___ n/a ___	
3.	I will provide accurate probe thermometer to measure hot and cold holding of potentially hazardous foods throughout the event	Y ___ N ___ n/a ___	
4.	I am transporting potentially hazardous cold food at 40 degrees or below and hot food at 140 degrees or above	Y ___ N ___ n/a ___	
5.	I am providing the following items within my booth for handwashing: a. Water supply dispenser with water temperature of 100° One separate bucket for collection of rinse/waste water Liquid pump soap dispenser Paper towels and trash bin -OR- b. Plumbed / Portable hand wash sink -OR- c. Chemically treated towelette (hand sanitizer is NOT a substitute)	Y ___ N ___ n/a ___ CIRCLE CHOICE a, b or c	
6.	I am providing the following items within my booth for the sanitary cleaning of food preparation and cleaning utensils: three deep tubs (basin 6" deep minimum) a. Detergent and water b. Clean rinse water c. Sanitizing solution (100ppm chlorine or 200ppm quaternary)	Y ___ N ___ n/a ___ Where will wastewater be disposed?	

G. DOCUMENT SUBMISSION CHECKLIST	
Completed TFP Application	Copy of Food Establishment Permit –non OB
ServSafe Manager Certificate	Allergen Awareness Certificate
Copy of Applicants Commercial or Residential Kitchen Permit (non OB)	
Copy of Commercial Kitchen License for Rental Kitchen (only need if renting kitchen space)	
PHF - Fee for one day event = \$50 ~ Fee for two or more days = \$100 ~ No charge for non-profit	
Non - PHF - Fee for one day event = \$25 ~ Fee for two or more days = \$50	

Completed applications and fees must be submitted 14 days prior to the event. Please note:

14 Days or More Prior to the Event:

- All completed applications and fees must be received.

4 to 14 Days Prior to the Event:

- All completed applications will be assessed a 50% late fee.

3 Days or Less Prior to the Event:

- Applications will be denied and no food or beverage service shall be allowed

I, the undersigned attest to the accuracy of the information provided in this application and I affirm that the Temporary Food Establishment operation will comply with 105 CMR 590.000 and all other applicable law.

Applicant Signature: _____ Date: _____

Print Name: _____

DIAGRAM OF STATION: