



Fee: \$25.00

Payable to Town of
Northborough
Form updated 12-08

**Town of Northborough
Board of Health
63 Main Street
Northborough, MA 01532
508) 393-5009 F (508) 393-6996**

TEMPORARY FOOD SERVICE APPLICATION

NAME OF APPLICANT: _____ PHONE # _____

NAME OF OWNER (If different): _____

ADDRESS OF APPLICANT: _____

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

SPECIFY DATES & TIMES OF EVENT: _____

CERTIFIED FOOD MANAGER: _____

EMERGENCY CONTACT INFORMATION: _____

SIGNATURE OF APPLICANT: _____

FOOD TO BE SERVED:

LIST ALL FOOD THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE
FOOD WAS PURCHASED:

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___, IF YES, DESCRIBE FACILITIES AND EQUIPMENT

OFF SITE: YES ___ NO ___ IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140° F OR
ABOVE), COLD (45° F OR BELOW):

REFRIGERATION: REQUIRED ___ NOT REQUIRED _____

METHOD OF REFRIGERATION:

TYPE OF COOKING/HOT HOLDING EQUIPMENT:

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING
PREPARATION, STORAGE AND DISPLAY:

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL:

PERSONNEL AND FOOD HANDLING PRACTICES:

NAMES OF FOOD HANDLERS:

LOCATION OF HANDWASHING FACILITIES:

LOCATION OF TOILET FACILITIES:

HAIR RESTRAINTS PROVIDED: YES: ____ NO: ____

DISPOSABLE GLOVES PROVIDED: YES: ____ NO: ____

OFFICE USE ONLY:

INSPECTOR'S RECOMMENDATIONS:

ACTION TAKEN:

PERMIT DENIED: ____

REASON FOR DENIAL: ____

PERMIT GRANTED: ____

CONDITIONS:

INSPECTOR: _____ **DATE:** _____