



TOWN OF RAYNHAM
 Selectmen and Board of Health
 558 South Main Street
 Raynham, MA 02767
 Tel: (508) 824 - 2766
 Tel: (508) 824 - 2707
 Fax: (508) 824 -1540

TEMPORARY FOOD SERVICE APPLICATION

PLEASE NOTE: Applications will not be accepted and a permit will not be issued if complete applications and fee are not received by the Board of Health at least 7 business days prior to an event.

Date: _____

Fee: \$50

Name of Applicant: _____ Phone # _____

Name of Business: _____

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Name of Event: _____

Address of Event: _____

Specify Dates & Times of Event: _____

Submit a copy of your current Food Safety Certification and Allergen Awareness Certification with this application.

FOOD TO BE SERVED:

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

PREPARTION/COOKING FACILITIES:

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

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (41°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:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF BATHROOM FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES: _____ NO: _____

DISPOSABLE GLOVES PROVIDED: YES: _____ NO: _____

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'S SIGNATURE: _____ **Date** _____

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Please Note: SSN or FID numbers shall be redacted if this application is included in a Freedom of Information Request / Public Records Request.

OFFICE USE ONLY:

ACTION TAKEN: Permit Approved: _____ PERMIT DENIED: _____ REASON FOR DENIAL: _____

CONDITIONS: _____