



## TOWN OF HARWICH

### BOARD OF HEALTH

732 Main Street, Harwich, MA 02645

508/430-7509 Fax: 508/430-7531

Email: health@town.harwich.ma.us

#### FOR BOARD OF HEALTH USE ONLY

Date Rec'd: \_\_\_\_\_ Amt. \_\_\_\_\_

Pymt. Type: \_\_\_\_\_

☐ W/C ☐ Food Cert Mgr ☐ Allergen Awareness

Reviewed by initials: \_\_\_\_\_

☐ Ok ☐ Hold \_\_\_\_\_

## Mobile Food Service Permit Application

1) Business Name: _____	
2) Owner Name: _____	Email Address: _____
3) Mailing Address: _____	
4) Telephone No.: _____	Business Fax No. _____
5) Person in Charge: _____	
6) Certified Food Manager (attach copy): _____	Allergen Awareness (attach copy): _____
<i>Each establishment, with few exceptions, must have these certifications</i>	
<b>PERMIT TYPE:</b> <input type="checkbox"/> <b>Mobile Food Service - \$100</b> Location/Route: _____ Vehicle Registration #: _____	
<b>BASE OF OPERATION</b> for Temporary Food Service: Name: _____ Telephone: _____ Address: _____ Owner/Manager: _____ Type of Establishment: _____	
<b>FOOD – MENU AND SERVICES</b> Attach a menu or list <u>all</u> items to be served or sold _____ _____ List all food sources (including ice and water) _____ _____	
<b>FOOD – PREPARATION</b> Will all foods be prepared at the booth? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES Describe what foods will be prepared and how they will be prepared: _____ _____ <input type="checkbox"/> NO Describe how food will be transported from the base of operation and the procedure for keeping potentially hazardous food below 40 ° F or at or above 140 ° F during transport: _____ _____ Describe how foods will be maintained below 40 ° F: (Pre-packaged foods shall not be stored in contact with water or undrained ice.) _____ Describe how foods will be maintained at or above 140 ° F : _____ _____	

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

Section A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Section B: At the Booth

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Note: If your food preparation procedures can not fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

**CLEANING AND SANITIZING**

How will utensils and surfaces be cleaned and sanitized? \_\_\_\_\_

Sanitizing agent: \_\_\_\_\_ Concentration: \_\_\_\_\_ ppm

**PHYSICAL FACILITY**

Is the unit completely enclosed, other than service windows? ☐ YES ☐ NO

If not, how will food be protected from insects; weather and windblown dust or debris? \_\_\_\_\_

What will be used for flooring? \_\_\_\_\_

**WATER SYSTEM/WASTE RETENTION**

Is there a separate sink with warm running water available for hand washing? ☐ YES ☐ NO

(Sink must be supplied with pump soap and individual paper towels)

Describe other sinks and their dimensions: \_\_\_\_\_

\_\_\_\_\_ Site has potable water hookup

\_\_\_\_\_ Potable water supply tank on unit. Capacity \_\_\_\_\_ gal.

Capacity of waste retention tank \_\_\_\_\_ gal (should be greater than supply)

How and where will the liquid waste water be disposed of? \_\_\_\_\_

Storage and disposal of trash: \_\_\_\_\_

**PLAN REVIEW** for Temporary Food Service

Attach a picture of your booth or draw a sketch of the booth layout. Identify the location of all food prep tables, refrigerators, coolers, sampling display areas and single service storage areas, etc.

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.

Pursuant to MGL Ch. 62C § 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 by law.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number or Federal ID:** \_\_\_\_\_