



Boston Inspectional Services Department  
 Division of Health Inspections  
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## TEMPORARY FOOD SERVICE APPLICATION

**\*REQUIRED**

NAME OF APPLICANT\*: \_\_\_\_\_ PHONE\* \_\_\_\_\_

NAME OF OWNER\* (if different): \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIPCODE\*: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF EVENT\*: \_\_\_\_\_

EVENT COORDINATOR\*: \_\_\_\_\_ PHONE \* \_\_\_\_\_

EVENT ADDRESS\*: \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ ZIPCODE\* \_\_\_\_\_

DATE/TIME OF EVENT\*: \_\_\_\_\_

SIGNATURE OF APPLICANT\*: \_\_\_\_\_

**ONLY NO TRANS FAT FOODS CAN BE SERVED** (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.

ITEMS:

LOCATION PURCHASED:


**\*\*\*PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS\*\*\***

**FEES ARE AS FOLLOWS:**

1 DAY EVENT - \$30

**EXAMPLE:**

1/1/01=\$30

**PREPARATION/COOKING FACILITIES:**

ON SITE: YES \_\_\_ NO \_\_\_ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: \_\_\_\_\_

\_\_\_\_\_

OFF SITE: YES \_\_\_, 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:**

NUMBER OF FOOD HANDLERS: \_\_\_\_\_

LOCATION OF HANDWASHING FACILITIES: \_\_\_\_\_

LOCATION OF TOILET FACILITIES: \_\_\_\_\_

HAIR RESTRAINTS PROVIDED: YES \_\_\_\_\_ NO \_\_\_\_\_

DISPOSABLE GLOVES PROVIDED: YES \_\_\_\_\_ NO \_\_\_\_\_

