OFFICE OF
BOARD OF HEALTH

APPLICATION
TEMPORARY/MOBILE FOOD PERMIT

BUSINESS NAME:__________________________________________________________
ADDRESS:_________________________________________________________________

TELEPHONE:_________________________________________________________________

OWNER OR PERSON IN CHARGE:_______________________________________________

EMAIL:_____________________________________________________________________

PERMIT TYPE: (Check One)

____ MOBILE FOOD UNIT--A TRUCK, WAGON OR OTHER VEHICLE, TRAILER, STAND OR PUSH CART
DESIGNED, EQUIPPED, AND OPERATED AS A MOVEABLE FOOD ESTABLISHMENT

____ TEMPORARY FOOD--A PROVISIONAL FOOD ESTABLISHMENT OPERATING AT A FIXED LOCATION
IN CONJUNCTION WITH AN EVENT OR CELEBRATION.

DETAIL LIST FOODS TO BE SOLD:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

DETAIL LIST SOURCE OF FOOD (WHERE FOOD WAS PURCHASED OR PREPARED):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
DESCRIBE MOBILE UNIT/EQUIPMENT:

____________________________________________________________________________________

MOBILE UNITS - ProvideLicensed Base of Operations:

Name/ Address/ Contact Info______________________________________________________________

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

____________________________________________________________________________________

REFRIGERATION/ FREEZER: REQUIRED ___ NOT REQUIRED________

METHOD OF REFRIGERATION/FREEZER:
____________________________________________________________________________________

ELECTRICAL SOURCE_______________________________________________________________

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

GARBAGE AND RUBBISH:
DESCRIBE MEANS FOR STORAGE AND DISPOSAL:
____________________________________________________________________________________

PERSONNEL AND FOOD HANDLING PRACTICES:
NUMBER OF FOOD HANDLERS: ___________
HOT WATER SOURCE: _____________________________________________________________
LOCATION OF HANDWASHING FACILITIES: _____________________________________________
LOCATION OF TOILET FACILITIES: _________________________________________________
HAIR RESTRAINTS PROVIDED: YES: ___ NO: ___
DISPOSABLE GLOVES PROVIDED: YES: ___ NO: ___

Draw a picture or provide a written description your booth. Include what will be used a "roof" and "flooring" to protect food from the weather.
I agree to comply at all times with the terms of this permit and the Federal Food Code

Signature________________________________________________________ Date________________

IMPORTANT *** PLEASE NOTE ***

NO POTENTIALLY HAZARDOUS FOOD WILL BE ALLOWED TO BE SOLD TO THE PUBLIC UNLESS THE VENDOR IS EQUIPPED WITH HOT WATER, HANDWASHING FACILITIES, MECHANICAL REFRIGERATION AND/or FREEZERS, SANITIZERS AND THERMOMETERS.

POTENTIALLY HAZARDOUS FOODS ARE THOSE WHICH CONTAIN, IN WHOLE OR IN PART, OF MILK, MILK PRODUCTS, EGGS, MEAT, POULTRY, FISH OR SHELLFISH. FOODS WITH A PH LEVEL OF 4.6 OR BELOW, A WATER ACTIVITY VALUE OF 0.85 OR LESS, OR FOODS IN HERMETICALLY SEALED CONTAINERS ARE EXCLUDED FROM THIS DEFINITION.

PLEASE CALL THE HEALTH DEPARTMENT AT (413)967-9615 IF YOU HAVE ANY QUESTIONS.