



The City of Fitchburg

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Board of Health
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HEALTH DIRECTOR

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Instructions: The operator of each Temporary Food Establishment must complete this application fully and submit to the Fitchburg Health Department **at least 14 days before the event** along with payment. **It is recommended that the Person in Charge (PIC) of the food operation at the event completes this application as they will be required to adhere to all of the information stated on this application.** Please be advised that incomplete applications and missing information may cause a delay in the decision making process. Please read the questions carefully and provide clear and detailed responses. Temporary Food Establishment Permits are granted for 1 day to a maximum of 14 days. If you have any questions regarding this application, please contact Stephanie Holinko, Food Inspector, at **978-829-1873** or by e-mail to: **sholinko@fitchburgma.gov**

Additional Submission Requirements: You may submit your application in person at the Health Department, by mail, e-mail, or fax. **All electronic submissions must be submitted in one PDF document and scanned in an organized and easily readable manner.** Applications will not be reviewed until the \$45.00 non-refundable application fee is received. If you would like to meet with the Food Inspector to review your application or assist you in the completion of the application, please make an appointment as her office hours are by appointment only. It is strongly encouraged that you make an appointment with the Food Inspector to review your application if submitting in person.

Application Fee Amount: \$45 one day only; \$30 for each additional consecutive day up to 14 days. Payments are non refundable.

Payment Methods: Check, Cash, Money Order

Make checks payable to: City of Fitchburg

Attention carnivals, concession companies, etc.: A separate application and \$45.00 per application must be completed and submitted if your business has more than one food concession/trailer/booth.

Are you applying as a (check one):

Mobile Food Operation (i.e. food truck, push cart)

Licensed caterer

Permitted Food Service Establishment (permitted by the Fitchburg, MA Health Department or permitted by another municipality)

Charitable Non-Profit Organization 501(c)(3): \$45.00 permit fee will be waived if you submit proof of 501(c)(3) status.

Other (Please explain):

Applicant and Business Information

Name of Applicant: _____

Owner's Name (If different from applicant): _____

Organization/Business Name: _____

Organization/Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from organization/business address):

City: _____ State: _____ Zip Code: _____

Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

Fax #: _____ E-mail address: _____

If your business has multiple concession stands/booths, please state the name of this specific concession stand/booth that you're applying for in this application: _____

Operation Owned By (Please Check One):

An association A corporation An individual A partnership

Other legal entity (If other, please specify: _____)

As required by M.G.L Chapter 152, Section 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirements. Check "yes" or "no". Note: You must be in compliance with this law to obtain a food permit.

Yes: _____ No: _____

About the Temporary Event

Event Name: _____

Event Location Address: _____

Date(s) and Time(s) of Event: _____

Time(s) of when food will be served: _____

Organizer of the Event: _____ Phone #: _____

Event Organizer Email address: _____

Number of anticipated occupants/estimated crowd size: _____

Is seating provided by the event? Response required Yes _____ No _____

If **yes**, how many seats are provided? _____

If 25 or more seats are provided, who will be the assigned person on site trained in manual choke saving procedures?

Name(s): _____

Attach to this application the Anti-Choking Certification(s) and/or CPR Certification(s) for the individuals assigned to be on site while food is being served for events with 25 or more seats.

Assigned Person in Charge (PIC)

Note: *The PIC is the person who is in a supervisory position over the food operation at the event and are responsible for ensuring the food safety at the event. Certified Food Protection Manager and Allergy Awareness Certification are not required if only selling commercially pre-packaged food items.*

First Name: _____ Last Name: _____

Phone #: _____ E-mail address: _____

Is this person a Certified Food Protection Manager? (Please check one)

Yes (submit copy) _____ **No** _____

Does this person have an Allergy Awareness Certificate? (Please check one)

Yes (submit copy) _____ **No** _____

Note: Expired Certified Food Protection Manager and Allergy Awareness Certifications will **not** be accepted.

Food Information

List **ALL** Food and Beverage items to be sold, prepared and/or served. Attach a separate sheet if necessary or provide a copy of your menu. NOTE: Any changes to the menu must be submitted to and approved by the Fitchburg Health Department **at least 5 business days prior to the event.** **Only the food items listed on the temporary food service permit may be offered at the event:** _____

How is potentially hazardous food (time-temperature controlled food) going to be **stored at the event** to ensure correct product temperature (hot foods held hot above 140°F, cold foods held cold below 41°F)? _____

How is potentially hazardous food (time-temperature controlled food) transported to the event to ensure correct product temperature (hot foods held hot above 140°F, cold foods held cold below 41°F)? _____

Where and when is the food being prepared? _____

Describe the source of food (where you will be purchasing the food) that you will be serving at the event. State the name and location of your food sources: _____

Do you operate out of a permitted Food Service Establishment (i.e. Commissary, Base of Operation)? Response required.

Yes _____ **No** _____

If you checked **yes**, provide a copy of the Food Service Establishment Permit, and a copy of the most recent food inspection report for your permitted food service establishment that you operate out of.

Describe if and how foods will be cooked on site during the event: _____

Describe how bare hand contact with ready to eat foods be prevented: _____

Describe the number, location and set up of hand washing facilities to be used by the Temporary Food Establishment workers: _____

Source of potable water (Check one):

____ Municipal (Specify Town or City): _____

____ Private (Well water)

Describe how foods will be monitored/supervised during the event: _____

Describe how foods will be protected against environmental and customer contamination: _____

Does your operation use a propane tank? **Yes:** _____ **No:** _____

If yes, you're required to contact Phil Jordan at the Fitchburg Fire Department.

Do you sell soft serve ice cream, soft serve frozen yogurt and/or manufactured frozen dessert mixes?

Yes: _____ **No:** _____

If **yes**, you're **required** to submit your most recent bacteria sampling of manufactured frozen desserts and/or frozen dessert mixes by an approved laboratory per State Sanitary Code 105 CMR 500.082 (B): GOOD MANUFACTURING PRACTICES FOR FOOD.

Cleaning/Sanitizing Questions

1) Describe how food equipment and utensils will be cleaned and sanitized on site during the event. Skip to question #5 if you do not sanitize on site at the event: _____

2) What type of chemical sanitizer will be used? Please specify the active sanitizer chemical name only. _____

3) What is the sanitizer concentration maintained at in parts-per million (PPM)? _____

4) Do you have sanitizer test strips to test sanitizer concentration? **Yes** _____ **No** _____

5) If no facilities to sanitize are available on site, describe the location of back-up utensil storage: _____

Please add any additional information about your Temporary Food Establishment that should be considered: _____

Required Information if a Mobile Food Operation

Vehicle/Mobile Registration Number: _____

What side of your mobile food operation is the window service/ordering side? (Please check one)

Driver's Side: _____ Passenger Side: _____ Both Sides: _____

Attach a copy of your State Hawker and Peddler License.

Attach a copy of your most recent mobile food inspection report.

If your mobile food operation sells ice cream, please submit a copy of your police department issued Ice Cream Truck Vending permit.

Conditions for Temporary Food Establishment Permit Applicants

This application does not guarantee approval for a Temporary Food Establishment Permit. If permit approval is granted by the Fitchburg Health Department, the permit holder agrees to allow inspection(s) of their facilities or premises prior or during the temporary event. **Failure to adhere to the information provided on this application by the operator or PIC may result in permit revocation at the event.** Additional information may be requested, if necessary, by the Fitchburg Health Department prior to the approval and issuance of a Temporary Food Establishment Permit. Permit application review and processing fees are non-refundable. **Approved permits must be posted on site at the event in a location visible to the general public.**

Reminder: **ISSUANCE OF A FITCHBURG HEALTH DEPARTMENT TEMPORARY FOOD ESTABLISHMENT PERMIT DOES NOT GUARANTEE THE FULL APPROVAL TO OPERATE IN THE CITY OF FITCHBURG.** The applicant for a Fitchburg Health Department issued Temporary Food Establishment Permit must ultimately satisfy not only these Fitchburg Health Department requirements, but *may* be subject to approval from other City of Fitchburg Departments Including:

- **Fire Department:** Please contact **Fire Prevention office at 978-345-9672** or by email to: **Phil Jordan@Fitchburgma.gov**
- **Office of the Building Commissioner:** Please contact **Mark Barbadoro at 978-829-1880** or by email to: **mbarbadora@fitchburgma.gov**
- **Police Department:** Please contact **Captain Matthew D. LeMay at (978) 345-9646 ext. 1221** or by e-mail to: **mlemay@police.fitchburgma.gov**
- **City Clerk's Office:** Please contact **Anna Farrell at 978-829-1820** or by e-mail to: **AFarrell@fitchburgma.gov**
- **Public Works Department:** Please contact **Lenny Laakso at 978-829-1910** or by e-mail to: **llaakso@fitchburgma.gov**
- **Parks & Recreation Department:** If operating on City of Fitchburg park property, you must obtain a Park Permit. Please contact **Nate LaRose at 978-829-1815** or by e-mail to: **NLaRose@fitchburgma.gov**

Statement: I certify that I have read all of the conditions of this document and I hereby attest to the accuracy of the information provided in this application, and the attached documents and affirm to comply with jurisdictional current code. Additionally, I fully understand that any deviation from the above without prior permission from the Fitchburg Health Department may nullify final approval and/or the permit.

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state and local taxes as required per M.G.L. Chapter 62C, Section 49A.

Permit Holder or Representative Signature:

Permit Holder or Representative Name: _____

Permit Holder or Representative Title:

Federal Identification Number(FID or EIN) : _____

Date: _____

FOR OFFICE USE ONLY

Payment Date: _____

Amount Paid: _____

Payment Type: _____

Receipt Number: _____

Approved: _____ **Date of Approval:** _____

Restrictions: _____

Comments: _____

Permit Effective Date(s): _____

Permit #: _____

Denied: _____ **Date of Disapproval:** _____

Reason(s) for disapproval: _____

Assigned Inspector's Name: _____

Assigned Inspector's Signature: _____