

Permit #: _____ Event Date(s): _____

Dudley Board of Health
71 West Main Street
Dudley, MA 01571
(508) 949-8017

TEMPORARY FOOD SERVICE APPLICATION

NAME OF APPLICANT: _____ PHONE # _____

NAME OF OWNER (If different): _____

ADDRESS OF APPLICANT: _____

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

SPECIFY DATES & TIMES OF EVENT: _____

SIGNATURE OF APPLICANT: _____

FOOD TO BE SERVED:

LIST ALL FOOD THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED: (Attach Menu if Applicable)

PREPARATION/COOKING FACILITIES:

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

OFF SITE: YES ___ NO ___ IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

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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:

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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: ___

***SERVE SAFE CERTIFICATE:** NO: ___ YES: ___ (PLEASE PROVIDE COPY OF CERTIFICATE WITH APPLICATION)

Print-Certified Serve Safe Name

Signature-of Certified Serve Safe

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OFFICE USE ONLY:

INSPECTOR'S RECOMMENDATIONS:

ACTION TAKEN (SELECT ONE)

PERMIT DENIED: _____ REASON FOR DENIAL:

PERMIT GRANTED: _____ CONDITIONS:

INSPECTOR: _____ DATE: _____