

Permit #: _____ Event Date(s): _____



TOWN OF DUDLEY
Board of Health
Temporary Food Service

All temporary food service operations must obtain a proper permit from the Board of Health to operate. Applications must be received a minimum of 30 days prior to the event date. Each permit issued will show the type of food products to be sold at the temporary food service operation.

Fee for a Temporary food permit is **\$50.00**, payable by cash or check only, to the Town of Dudley.

Additional documentation to be submitted with this application - *Copy of ServSafe Certificate, *Copy of Food Permit in the town in which your primary business and/or food processing takes place, *Menu or list of food items to be served; ***Certificate of Liability Insurance made to The Town of Dudley - MUST be faxed directly to our office from your insurance carrier/agent. Fax 508-949-8031.**

No person(s) or organization shall hold an event, indoor or outdoor, on private or public property within the Town unless the property owner or person(s) promoting or organizing the event or a duly-authorized representative holds the valid permit issued pursuant to the rules and regulations.

All foods and drinks shall be protected from flies, dust, vermin, and other contamination.

Homemade food items such as pies, cakes, breads, cookies, etc. shall be marked "HOMEMADE" and shall have a label containing the name of the item, name and address of the person who made the item(s), and the list of ingredients.

All milk and milk products for drinking shall be served from the original container in which they were packaged.

Smoking is prohibited in food service and preparation areas.

Ice that is to be consumed shall be obtained from containers in a sanitary manner. Tongs or a scoop must be used.

Condiments and spices shall be provided in individual packages or in an adequately covered container.

Person(s) may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli-tissue, spatulas, tongs, single-use gloves or dispensing equipment.

Water used in the preparation of food or washing of utensils, pans, etc. must be disposed of in a sanitary manner. No wastewater shall be drained onto the lot in the case of outdoor events.

Any person(s) affected with communicable disease shall be prohibited from working with or serving of food.

An on-site inspection may be required for each concession. Failure to meet the Board of Health regulations, State, or FDA Code, will result in loss of the permit to operate and operation will cease immediately.

Additional requirements based on the conditions observed by the inspector could be deemed necessary by the inspector to protect Public Health.

Special events such as Clambakes, Barbeques, Catering events, Sporting event, School events, etc. shall require a special permit from the Board of Health.

To arrange an inspection contact the Board of Health at (508) 949-8017

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

TEMPORARY FOOD SERVICE APPLICATION

NAME OF APPLICANT: _____ **PHONE #** _____

OWNER / BUSINESS NAME (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:

Permit #: _____ Event Date(s): _____

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: _____