



# CITY OF SOMERVILLE

ISD/HEALTH DIVISION  
ONE FRANEY ROAD  
SOMERVILLE, MA 02145  
617-625-6600 EXT. 4330

Date \_\_\_\_\_

## TEMPORARY FOOD SERVICE APPLICATION TO BE SUBMITTED TWO (2) WEEKS BEFORE EVENT

Name of Applicant/Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Applicant/Owner \_\_\_\_\_

Name & Address of Event/Occasion \_\_\_\_\_

Date/Time of Event/Occasion \_\_\_\_\_

NON-PROFIT: YES \_\_\_\_ NO \_\_\_\_ TAX EXEMPT # \_\_\_\_\_

**FOOD TO BE SERVED - Use Additional Paper if Necessary:**

**List all Foodstuffs**

**Source**

---

---

---

---

---

---

### PREPARATION/COOKING FACILITIES:

On site: Yes \_\_\_\_ No \_\_\_\_ Describe facilities and equipment \_\_\_\_\_

---

Off site: Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_

---

**TYPE OF SERVICE:** Single service Yes \_\_\_\_ No \_\_\_\_.

Describe washing facilities for service and/or utensils \_\_\_\_\_

---

**FOOD PROTECTION:** List equipment to be used, describe measures to protect food and maintain temperature during storage, display and **transportation**.

---

---

(TO BE FILLED OUT ON BOTH SIDES)

**REFRIGERATION:** Not required \_\_\_\_\_ Required \_\_\_\_\_ Method of refrigeration:

---

---

**GARBAGE AND RUBBISH:** Describe means for storage and disposal

---

---

**PERSONNEL AND FOOD HANDLING PRACTICES:**

Number of food handlers \_\_\_\_\_

Location of handwash facilities \_\_\_\_\_

Location of toilet facilities \_\_\_\_\_

Hair restraints: Yes \_\_\_\_\_ No \_\_\_\_\_

Disposable gloves provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Sanitizer and test kit on site: Yes \_\_\_\_\_ No \_\_\_\_\_

Thermometer on site: Yes \_\_\_\_\_ No \_\_\_\_\_

---

**INSPECTOR'S RECOMMENDATIONS:**

---

---

---

---

---

---

---

---

**ACTION TAKEN:** Permit denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

---

---

Permit granted \_\_\_\_\_ Fee \$ \_\_\_\_\_ (CHECK ONLY - PAYABLE TO CITY OF SOMERVILLE)

Conditions: \_\_\_\_\_

---

---

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date: \_\_\_\_\_  
Applicant/Owner (Signature indicates operating by and acceptance of any conditions listed)