

Town of Hopkinton 2/11  
 BOARD OF HEALTH  
 18 Main Street  
 Hopkinton, MA 01748

Fee \$50.00 \$25.00 non profit	Approved
License/Permit No.	

Telephone (508) 497-9725

## APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

Return at least 14 days prior to the event. Please type or print legibly.

Name of Establishment	
Name of Contact	Contact's phone #
Contact's Mailing Address (Street City Zip)	
Name and Location of Event (Include name and attach Certified Food Protection Manager with Allergen awareness certificate)	
Date(s) of Event	Hours of Operation

**MENU:** attach or list **all** food items. Any changes must be submitted and approved by the Board of Health at least ten (10) days prior to the event.

**Will all foods be prepared at the temporary food service booth?**

<input type="checkbox"/> Yes	Fill out Section B below.
<input type="checkbox"/> No	Fill out Section A & B below; attach a copy of the food permit and agreement for use of another approved kitchen, giving dates and times of use of this kitchen.

**List each potentially hazardous food item, and for each item check which preparation procedure will occur.  
 Section A: At the Board of Health approved kitchen:**

Food Item	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1								
2								
3								
4								

**Section B: At the event facilities:**

Food Item	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1								
2								
3								
4								

Food sources(s)	
Source & Storage of Water/Ice:	
Storage & disposal of wastewater	
Storage and disposal of garbage	Storage containers must be securely covered

**On the back of this page, draw a sketch of the booth and describe surface materials**

