



TOWN OF WESTON

Board of Health
11 Town House Road
P.O. Box 378
Weston, MA 02493

Tel: 781-786-5030
Fax: 781-786-5039

Fee: **\$30.00**

Check # _____ Cash ()

Permit # PMF - _____

TEMPORARY FOOD PERMIT APPLICATION **MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT**

NAME OF BUSINESS (D/B/A) _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL ADDRESS: _____

NAME OF FOOD SERVICE LOCATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DATE/TIME OF OPERATION: _____

SIGNATURE OF OWNER: _____ DATE: _____

FEDERAL TAX I.D. NUMBER _____

Check if farmers offering foods listed are exempt. Whole uncut fruits and vegetables do not require permits

If required please submit the following: certified food manager certificate, allergen awareness certificate, and certificate of training in anti-choking procedures

LIST ALL FOOD PRODUCTS THAT WILL BE SOLD AND THE LICENSED FACILITIES WHERE THE FOOD/BEVERAGES WERE PURCHASED OR PRODUCED. MUST BE AN APPROVED/LICENSED SOURCE.

Food Source: _____

Water/Ice Source and Storage: _____

FOOD SAMPLING: (REQUIRES PRE-APPROVAL)

LIST TYPE OF FOOD: _____

LIST TYPE OF UTENSILS AND EQUIPMENT FOR FOOD SAMPLING: _____

TYPE AND LOCATION OF HANDWASHING FACILITIES: _____

PROCESSED FOODS PROPERLY PACKAGED AND LABELED: YES _____ NO _____

FOR FOODS SOLD BY WEIGHT – SCALES SEALED: YES _____ NO _____

PERSONNEL

HAIR RESTRAINTS PROVIDED: YES _____ NO _____

DISPOSABLE GLOVES PROVIDED: YES _____ NO _____

FOOD TEMPERATURE CONTROL: (For Cold Potentially Hazardous (PHF) Ready to Eat Foods)

MECHANICAL REFRIGERATION PREFERRED FOR MAINTAINING FOODS FROZEN OR REFRIGERATED AT OR BELOW 41° F:

FOOD PROTECTION:

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION:

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

LOCATION OF RESTROOM FACILITIES:

On the back of this form, draw a sketch of the temporary booth set-up identifying all equipment, hand washing stations, food and single service article storage, worktables, and trash facilities. If applicable, describe surfaces of food preparation tables, floors, walls, and ceilings.

I understand that I must comply with the Board of Health regulations governing food establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or license required by any local, state, federal or other regulatory agency. Pursuant to M.G.L. Chapter 62 C sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____

Date: _____

Temporary food permit means a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

Permanent Food Establishments currently licensed in the Town of Weston are exempt from the permit fee. Non-Profit Organizations are exempt from the permit fee.