



**WRENTHAM
BOARD OF HEALTH
79 South Street, Wrentham, MA. 02093
APPLICATION FOR TEMPORARY FOOD
PERMIT**

*PLEASE NOTE: Completed application, required documents, and fee **must be submitted to the Board of Health at least 30 calendar days before proposed event.** Late applications will be charged a 50% late fee; no applications will be accepted 7 days or less prior to the event. The permit will be issued following an inspection. Incomplete applications will be returned.*

Date Received:	Fee:	Permit Number:
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Name of Applicant:	
Address of Applicant:	
Applicant Telephone Number:	Applicant Email:
Emergency Phone Number Day of Event:	
Name of Firm or Organization:	
Address of Firm or Organization:	

EVENT INFORMATION	
Name of Event:	Location:
Date:	Time of event:
	Time of arrival/set up:

Listing of ALL food and beverages that will be sold or served at event:(Please note that no TCS, time and temperature controlled for safety, foods may be offered raw or undercooked) _____

Will you be using propane at your event? Yes No If Yes, you must contact the Fire Department for the necessary permits.

If your event is canceled or rescheduled due to inclement weather, or for any reason, please contact the Health Inspector John Robertson. He may be reached via email at jrobertson@metacometpha.org

TEMPORARY FOOD EVENT CHECKLIST:

- Completed Application, fee and required submittal documents
 - Certificate of Liability Insurance, provided by your insurance carrier
 - Worker’s Comp. Insurance Affidavit, form can be found here:
<https://www.mass.gov/doc/affidavits-for-general-businesses/download>
 - Certified Food Manager Certification
 - Allergen Awareness Training Certification
- Copy of Menu/List of food offerings
- Describe how hand washing will occur at this event. (Hand sanitizer is not an acceptable solution.) _____
- Describe where food is coming from _____
- Describe how food is being kept hot and/or cold _____
- Is cooling or reheating occurring at your event? _____
- What are you using for food contact surface sanitizer? (Disinfectant or Bleach wipes are not acceptable) _____
- Where are utensils and equipment washed and sanitized? _____
- If a Mobile Food Establishment, please provide:
 - Provide copy of vehicle registration
 - State Hawker/Peddler License
 - Copy of permit from your base of operations
 - Most recent inspection from you base of operations

Signature of Applicant

Date