

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770

508-651-7852

Application for a Permit to Operate a Temporary Food Establishment**Date:** _____**For Office Use Only:****Permit Fee:** _____**Received:** _____**Permit Number:** _____**Business Information:****Name of Applicant:** _____**Applicant Address:** _____**Base of Operations Address:** _____**Primary Telephone:** _____**Owner Information:**Establishment Owned By: An Association; An Individual; A Partnership *; A Corporation *; Other Legal Entity _____**Owner(s) of Establishment:** _____**Primary Telephone:** _____**Email Address:** _____**Mailing Address:** _____**Emergency Contact Name:** _____ **Telephone:** _____**Emergency Contact Email Address:** _____

* If this is a corporation or a partnership, give the name, title, and home address of the office or partners:

Name	Title	Address

Event Information**Event Address:** _____**Event Coordinator Name:** _____ **Phone:** _____**Email Address:** _____

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Date / Time of Event: _____

Hours of Operation (expected): _____

Estimated Number of People to Be Served: _____**Preparation Facilities Located:** At the Event ; Off-site at Establishment

Please describe: _____

Cooking Facilities Location: At the Event ; Off-site at Establishment

Please describe: _____

Food Protection:**Describe the equipment and means of transporting COLD Food (41°F or below):** _____**Describe the equipment and means of transporting HOT Food (135°F or above):** _____**Refrigeration:** Required ; Not Required*If Required* – Method of Refrigeration: _____**Select all measures in place to protect food from contamination during preparation, storage, and display:**

- Chafing Dish
- Cambro Unites
- Aluminum Foil

- Handwashing
- Sneeze Guards
- Gloves/PPE

 Other: *Provide Detail Below:*



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Do you carry propane? Yes ; No

How many gallons: _____

For anything less than or equal to 42 gallons, an inspection is required but there is no fee. **For anything greater than 42 gallons, an inspection is required along with a fee of \$60.** This fee must be paid via check to The Town of Sherborn.

For any questions pertaining to this, please contact the Sherborn Fire Department at 508-653-3270.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Applicant: _____

Before submitting your application, please ensure the following materials have been submitted:

- A complete menu or product listing
- A copy of the certificates for each of the following:
 - Certified Food Manager
 - Allergen Awareness
- Permit Fee as outlined in the Sherborn Food Permit Fee Schedule
- Verification letter from licensed commissary or establishment