



Boston Inspectional Services Department
Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
Tel: (617) 635-5326

FAXED APPLICATIONS WILL NOT BE ACCEPTED AS OF 8/27/09
www.cityofboston.gov/health

TEMPORARY FOOD SERVICE APPLICATION
Natural Products Expo East **DEADLINE 09/09/2009**
MUST MAIL PAYMENT WITH APPLICATION
****ALL INFO IN PINK IS REQUIRED****

NAME OF APPLICANT: _____ PHONE _____
NAME OF OWNER (if different): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
EMAIL ADDRESS: _____

NAME OF EVENT: _____
EVENT COORDINATOR: _____ PHONE _____
EVENT ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
DATE/TIME OF EVENT: _____
SIGNATURE OF APPLICANT: _____

ONLY NO TRANS FAT FOODS CAN BE SERVED (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED:

| <u>ITEMS:</u> | <u>LOCATION PURCHASED:</u> |
|---------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

FEES ARE AS FOLLOWS:

\$30 FOR FIRST AND \$5 FOR EACH CONSECUTIVE DAY UP TO 14 DAYS

EXAMPLE:

9/24/09-9/26/09=\$40

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: _____

OFF SITE: YES ____, IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW): _____

REFRIGERATION: REQUIRED ___ NOT REQUIRED ___

METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOTHELDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: _____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES ___ NO ___

DISPOSABLE GLOVES PROVIDED: YES ___ NO ___

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