



**PUBLIC HEALTH DEPARTMENT**  
Community Development Division

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

*Fee: \$35.00 - This application is to be received at least seven (7) days before the event, with the fee, and a copy of the Food Service License from the Town of which you normally operate out of, if applicable.*

Please make check payable to: Town of North Andover

Date: \_\_\_\_\_ Name of Operator/ Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #'s: \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Federal Tax ID Number: \_\_\_\_\_ Tax Exempt? \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

1. **“ARE YOU READY?” Checklist** – (Guideline for plan review and pre-opening inspection). Have you read these materials        **YES**        **NO**

2. **MENU:** Attach or list below all items. Any changes must be submitted and approved by the North Andover Health Department at least 5 days prior to the event.

3. **FOOD PREPARATION:** Will all foods be prepared at the temporary food establishment booth?

       **YES** Complete **SECTION A** below if you answered **YES** to question 3.

       **NO** Attach a copy of the permit where the food will be prepared. If food is prepared at a licensed establishment in North Andover, list name only: \_\_\_\_\_

4. **List each food item prepared**, and for each item **check** which preparation procedure will occur. Please attach a copy of the menu if applicable.

**SECTION A: At the Booth**

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Packaging

**SECTION B: At the licensed food establishment.**

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Packaging

Source and Storage of water/ice: \_\_\_\_\_

Storage and disposal of wastewater: \_\_\_\_\_

**I certify that I am familiar with 105 CMR 590.00 Minimum Sanitation Standards for Food Establishments- Article X, and the above described establishment will be operated and maintained in accordance with the regulations.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TEMPORARY FOOD SERVICE – “ARE YOU READY?”

Use this guide as a checklist for plan review and pre-opening inspection

*Application – A completed temporary food service application is to be submitted to the Board of Health Office a minimum of 7-14 days prior to the event.*

### **FOOD & UTENSIL STORAGE & HANDLING**

#### **Dry Storage:**

All food, equipment, utensils and single service items shall be stored above the floor on pallets or shelving, and protected from contamination.

#### **Cold Storage:**

Refrigeration units shall be provided to keep potentially hazardous foods at 45°F or below. An effectively insulated container with sufficient coolant may be approved by the Health Inspector for storage of less hazardous foods, or use at events of short duration.

#### **Hot Storage:**

Hot food storage units shall be used where necessary to keep potentially hazardous foods at 140° or above.

#### **Thermometers:**

Each refrigeration unit shall have a numerically scaled thermometer to accurately measure the air temperature of the unit.

A metal stem thermometer shall be provided where necessary to check the internal temperatures of both hot and cold food. Thermometer must be accurate to +2°F, and have a minimum range of 40°-165°F.

#### **Wet Storage:**

Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.

#### **Food Display:**

All food shall be protected from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.

#### **Food Preparation:**

All cooking and serving areas shall be protected from contamination. BBQ areas shall be roped off or otherwise segregated from the public.

### **PERSONNEL**

#### **Hand washing:**

A minimum of a two gallon insulated container with a spigot and a basin, soap and dispensed paper towels shall be provided for hand washing. The container shall be filled with hot water.

#### **Health:**

Employees shall not have any open cuts or sores, or diseases transmittable by food.

#### **Hygiene:**

Employees shall have clean outer garments and hair restraints.

### **CLEANING**

#### **Bleach:**

Household bleach or other approved sanitizer shall be provided for dishwashing sanitization and wiping cloths.

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**North Andover Health Department,  
1600 Osgood Street, Building 20; Suite 2-36, North Andover, Massachusetts 01845  
Phone 978.688.9540      Fax 978.688.8476      Web <http://www.townofnorthandover.com>**

**Wiping Cloths:**

Wiping cloths shall be rinsed frequently in a clean 100 ppm chlorine solution

**WATER SUPPLY****Water Supply:**

An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

**PREMISES****Floors:**

Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors shall be finished so cleanable.

**Walls & Ceilings:**

Walls and ceilings are to be of tight and sound construction to protect from the entrance of the elements, and, where necessary, flying insects. Walls shall be finished so cleanable.

**Lighting:**

Adequate lighting by natural or artificial means is to be provided. Bulbs shall be non-breakable or shielded.

**Counters/Shelving:**

All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be finished so cleanable.

**Garbage:**

An adequate number of cleanable containers shall be provided inside and outside the booth.

**Restrooms:**

An adequate number of approved toilet and hand washing facilities shall be provided at each event. These facilities shall be accessible for employee use.