



TEMPORARY FOOD ESTABLISHMENT PERMIT

MEDFORD CITY HALL

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MaryAnn O'Connor

Director

Board of Health

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

A Temporary Food Permit is valid for up to fourteen (14) days

Submit the following Completed Application **at least 14 days PRIOR to the event** with a **NONREFUNDABLE** fee of **\$35.00** made payable to the **"City of Medford"**.

Note: *Permanent food establishments that are permitted in Medford are not required to pay the temporary permit fee but must fill out the application.*

Incomplete applications and missing documents may cause a delay in the review and permit process.

Date of Submission: (MM/DD/YYYY) _____

Will Propane Gas be used? Yes No

If Yes, Is it < 42 lbs. _____ Is it > 42 lbs. _____

If > **42 lbs.**, a Fire Permit **MUST** be obtained from the Medford Fire Department at (781) 396-9831. If propane is used and a Fire Permit has not been obtained, the Temporary Food Establishment Permit will be null and void.

Mobile Food Truck/ Food Cart:

Propane Gas permanently mounted on a vehicle, provide a copy of the **Fire Permit** from your Base of Operations. If not, a Fire Permit **MUST** be obtained from the Medford Fire Department at (781) 396-9831. If propane is used and a Fire Permit has not been obtained, the Temporary Food Establishment Permit will be null and void.

About your Business / Food Vendor:

Organization / Business Name: _____

Owner's Name (if Applicable): _____

Address: _____

Phone: _____ E-mail: _____

About the Temporary Event

Please list Temporary Event information.

Name of the Event: _____

Address of the Event: _____

Start Date of Event: _____

End Date of the Event: _____

Organizer of the Event: _____

Organizer Email of the Event: _____

Organizer Phone: _____

Contact Person in Charge (PIC) during the Event(s)

The PIC is the person DIRECTLY responsible for the Food Safety Operations during food preparation and at the event(s)

Name of PIC: _____

Phone: _____ Email: _____

Is the PIC a Certified Food Manager? Yes - Submit a copy of the Certificate No

Does the PIC have an Allergy Awareness Certificate? Yes - Submit a copy of the Certificate No

Will all Foods be prepared at a licensed Food Establishment? Yes No

If Yes, Provide a copy of the Food Establishment Permit

All food vendors must attach the following documents to their temporary food establishment permit application:

- Certified Food Protection Manager (**all food vendors must provide**)
- Allergy awareness certificate (**all food vendors must provide**)
- A copy of the food vendor food establishment permits and a copy of the latest inspection report (**food vendors outside of Medford**)
- A copy of the Base of Operations/Commissary Food Service Permit and a copy of the latest inspection report (**mobile food vendors outside of Medford if approved by City Council**)

Employees or Volunteers who are experiencing symptoms of Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event as a food handler.

Please review employee health with the staff prior to the event. For more information about employee health visit: <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/default.htm>

Requirements

(Please check the boxes below to acknowledge the requirements)

- Only those items **listed (non-TCS/TCS foods)** are allowed.

- Washing your hands** properly removes dirt, viruses and bacteria to stop them spreading to other people and objects, which can spread illnesses such as food poisoning, flu or diarrhea. Any person handling **non-TCS/TCS foods** will wash their hand properly by using the **hand washing station provided** prior to preparing food and during the food event.

- Major food allergens** such as wheat, peanuts, tree nuts, dairy, soy, eggs, (fish, and shellfish not allowed) must be labeled with labels each type of item.

- For commercially **pre-packaged foods**, the food must remain in its original packaging, with the ingredients listed. Re-packaging is not allowed.

- Food-grade non-latex gloves** shall be worn at all times and changed when they become contaminated. All food handlers must frequently wash their hands and in between each glove use. Gloves shall be changed after one use, (i.e. single use task), or after becoming soiled or torn. Hand sanitizer may be used after hand washing has occurred by food handlers. For the cotton candy machine: arm sleeve plastic guards are also required.

- No person who has vomiting, diarrhea, jaundice, a cold, sore throat, and/or cough (with or without a fever) or is ill with any foodborne illness or respiratory illness, such as Covid-19 or has an infected cut on the hands, arms, or face may prepare or handle food served to the public. Any person handling the **non-TCS/TCS foods** during the event must sign the **Employee Health Reporting Form** that indicates that each food handler is free from a foodborne or respiratory illness. **Please drop off the signed forms to the Health Department in Room-311.**

- After the event, any **report of potential foodborne illness**, must be reported to the Health Department. Failure to report any foodborne illness complaints shall result in the prohibition of future food events.

List of required items (Applicants to provide)

- Surface wipes
- Gloves
- Hair nets/hats
- Spill Kit
- First Aid kit (*optional*)
- Hand washing station (*please review hand washing station diagram*)

Food Preparation

A. Describe the Following for TCS (Time/Temperature Control for Safety Food) Foods Prepared at an **Approved Kitchen**

When will Foods be prepared?

How will the Foods be transported from the Kitchen to the Event?

How will TCS Foods be held Cold (41°F and below) during transport? N/A *(there will not be any cold holding)*

How will TCS foods be held Hot (135°F and above) during Transport? N/A *(there will not be any hot holding)*

B. Describe the Following for TCS (Time/Temperature Control for Safety Food) Foods **Prepared On-Site** at the Event (if applicable)

How will Foods be cooked on site:
be cooked on site)

N/A *(Foods will not*

How will TCS food ingredients be held cold (41°F and below): N/A *(there will not be any cold holding)*

How will TCS food ingredients be held Hot (135°F and above): N/A *(there will not be any hot holding)*

B1. Once Prepared, describe the Following for TCS (Time/Temperature Control for Safety Food) Foods at the Event (prepared at an approved kitchen and/or on-site)

How will prepared TCS foods be held cold (41°F and below): N/A *(there will not be any cold holding)*

How will prepared TCS foods be held Hot (135°F and above): N/A *(there will not be any hot holding)*

How will prepared Foods be monitored during the Event:

Food Protection

How Foods will be protected against environmental and customer contamination:

Will there be overhead cover? Yes No N/A

Describe where utensil washing will take place:

If no utensil washing facilities are available on site, describe the location of back-up utensil storage:

Describe how hand washing will take place:

How many hand washing stations will be set-up?

What type of gloves will be used? (*Latex Gloves should not be used*):

Type of sanitizer that will be used: Chlorine _____ Quaternary: _____
Brand Name Brand Name

Garbage and Rubbish

Describe means for storage and disposal:

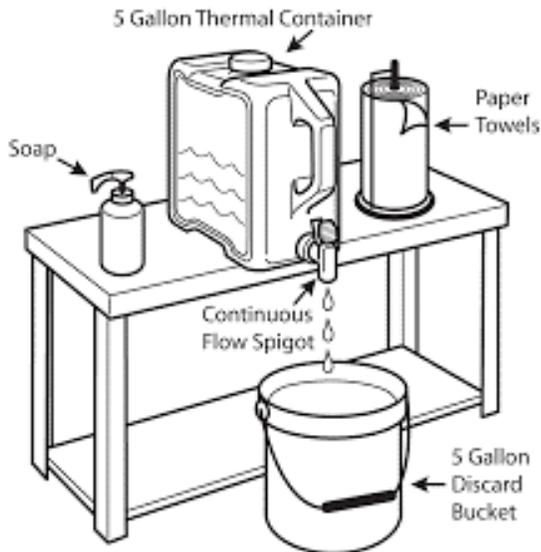
Medford Health Department

Hand Washing Station Diagram

Set-Up Required items:

1. A five-gallon or larger insulated container kept supplied with warm water (100°F- 120°F) for hand washing delivered through a continuous-flow spigot or sprout. (No push button spigots)
2. A container for wastewater retention (i.e., 5-gallon bucket), which must be disposed of into an approved sewer or wastewater system once full.
3. Hand soap and paper towels (sanitizers DO NOT replace hand washing).

EXAMPLE OF HANDWASH SET-UP



Wash Hands

Before

- Starting to work
- Handling Ready to Eat Food
- Changing Gloves

After

- Using Restroom
- Sneezing
- Coughing
- Touching Raw Food
- Touching Face or Hair
- Eating or Drinking
- Emptying Garbage
- Smoking
- Any chance of contamination

For additional information please contact the Sanitarian assigned to your event

Statement: I, _____ hereby attest to the accuracy of the information provided in the application and affirm to comply with 105 CMR 590.000 State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments, the FDA 2013 Food Code and any City of Medford Codes and Ordinances. Additionally, I fully understand that any deviation from the above without prior permission from the Medford Health Department may nullify final approval and / or permit.

Signature: _____ Print: _____

FOR OFFICIAL USE ONLY

Approved: Restrictions: NA

Disapproved: Reason(s):

Inspector's Signature:

Print:

Date:

Permit Effective Date(s):