



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.tows.org

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Must be submitted NO later than thirty (30) days before event begins

Event Name and Dates: _____

Name of Business: _____

Owner of Business: _____

Address of Business Owner: _____

Business website and email: _____

Primary Food Permits Held and from Where: _____

Contact Person for Event: _____ Cell No. _____

On-Site Manager at Event: _____ Cell No. _____

Workers at Event with Food Safety Training: (names) _____

Workers at Event with Allergen Awareness Training: (names) _____

Others Working at Event: (names) _____

PLEASE BE REMINDED:

COOKING AND PREPARATION OF ALL FOODS OFF-SITE MUST BE DONE IN AN APPROVED COMMERCIAL KITCHEN INSPECTED BY THE HEALTH DEPARTMENT IN THAT COMMUNITY. **NO "HOME COOKING" IS ALLOWED**

Will all foods be prepared on site at the temporary food service booth? Yes _____ No _____

Use of open flame at event? _____ Yes _____ No _____ Charcoal _____ Propane

Contact the West Springfield Fire Department for their requirements related to your operation.

FOOD SUBMISSION FORM

What food items are you serving at the Event?	Served Hot or Cold?	Where Prepared?

How are you delivering foods to the site and how often? _____

What equipment will you have on-site for temperature control? _____

What equipment will you have for cooking? _____

Will there be any raw meats, fish or eggs on site? _____

How do you plan to keep the raw foods separate from the cooked or ready to eat foods? _____

What will you do with foods overnight? _____

What will you be using to eliminate bare hand contact with ready to eat foods? _____

Section A: Off site At the Approved Kitchen: (check all that apply) - attach separate sheet if needed

Food product	Thaw	Cut Assemble	Cook	Cool	Cool Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Section B: On site At the Booth: (check all that apply) - attach separate sheet if needed

Food ingredient	Thaw	Cut Assemble	Cook	Cool	Cool Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Food Source(s): _____

Source and Storage of Water/Ice: _____

Storage and Disposal of Wastewater: _____

Storage and Disposal of Garbage: _____

Storage and Disposal of Grease/Cooking Oil: _____

Please draw a sketch of the booth in the section below or provide photos or a schematic that shows the information required below.

PLAN REVIEW:

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc.

Note: A certification from the Fire Department is required for all open flames.

B. Describe floor, wall and ceiling surfaces:

