# town sealLocation of Event/Field Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT#\_\_\_\_\_\_\_\_\_\_\_

  Town Of Brimfield

 Commonwealth Of Massachusetts

 Board of Health

#  23 Main Street

 **Brimfield, MA 01010**

 **(413)245-4100 x3**

 **Health@brimfieldma.org**

 TEMPORARY FOOD SERVICE APPLICATION

 FLEA MARKET

Please complete application and return with fee payable to the Town of Brimfield and all additional required documents listed below to the address above. Applications missing any of the items below will be on hold. A permit will not be issued until all items are received including the layout of operations.

**No Refunds Issued**

 PERMITS MUST BE RECEIVED 2 Weeks PRIOR TO EVENT

\_\_\_\_\_\_Application

\_\_\_\_\_\_Worker’s Compensation Insurance Affidavit

\_\_\_\_\_\_Copy of Valid Serve Safe Certification

\_\_\_\_\_\_ Certificate of Allergen Awareness

\_\_\_\_\_\_Fee $100.00 for Antique Market – Per Show May, July, Sept

\_\_\_\_\_\_Fee $25.00 One Day Early Opening

 Please contact the Board of Health office to schedule any pre-opening inspections. Prior to any event.

Dare Recieved\_\_\_\_\_\_ Paid\_\_\_\_\_\_ Ck#\_\_\_\_\_\_DOR\_\_\_\_\_\_ Inspection Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Name of Concession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Operator Applying for Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Second number #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME** **OF EVENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE AND HOURS OF OPERATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION WHERE EVENT WILL BE HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Reminder: Only one (1) application and permit will be allowed per location. Any additional locations more than six (6) feet from the original will require its own permit and additional application. Permits may not be transferred from location to location, or field to field. The Board of Health reserves the right to require additional permits or revoke this permit as determined by the Health Inspector.

**ALL OPERATIONS MUST FOLLOW THE FOOD CODE AS OUTLINED FOR TEMPORARY FOOD ESTABLISHMENTS 105 CMR 590.009 C.** [**http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr590.pdf**](http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr590.pdf)

**Useful guidelines for Temporary Food Establishments are found at:** [**http://www.mass.gov/Eeohhs2/docs/dph/environmental/foodsafety/temp\_food\_operation\_all\_files.pdf**](http://www.mass.gov/Eeohhs2/docs/dph/environmental/foodsafety/temp_food_operation_all_files.pdf)

*ALL Massachusetts General Laws Regulations relating to requirements for* temporary *food establishments will be enforced. It is recommended that you have a copy to refer to at all times. 105 CMR 590 and the 1999 Federal Food Codes.*

**FOOD**

**By providing information in this application, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation.**

**Allergen Awareness:** 105 CMR 590.009(G)(2)Menu notice and 105 CMR 590.009(G)(1)“what you need to know” must be posted and visible.

* All food must be covered at all times during display. No bare hand contact with **any** ready- to-eat-foods.
* All food contact services must be sanitized and kept clean at all times.
* All food must be protected from sunlight to prevent temperature elevation.
* All food must be stored at least 6 inches off the ground.
* Submit permit fee made payable to Town of Brimfield with this application

**Type of Food Service Unit: (Check all that apply) All types must provide a detail layout.**

Mobile Trailer: \_\_\_\_ Permanent Building: \_\_\_\_ Tent: \_\_\_\_\_ other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Preparation:**

Is any food prepared in an offsite Commercial Kitchen YES / NO If not, please describe where food is prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List foods prepared off site:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Commercial Kitchen Permit #, Issuing agency name, and telephone # (if food is prepared off-site)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL Foods are obtained from which **state approved** vendors (keep receipts for proof): MUST LIST VENDORS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all food(s) / beverages to be served, or attach menu: (Items not listed will not be permitted)

 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You **must** have adequate refrigeration and hot storage to support your volume of food produced daily. All bulk PHFs transported to the event must be in a refrigerated vehicle to ensure proper temperatures are maintained.

All cold PHFs must be stored at 41ºF or below in mechanical refrigeration. List type and size of cooling unit(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How are hot PHFs to be heated and maintained above 140°F?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of hand washing / hand sanitizing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Washing/Rinsing/Sanitizing cooking utensils, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has a “Person in Charge” been named? Y­ES / NO

If so, please state name of “Person in Charge” and contact information to use during the event:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all food cooking, service and prep areas covered and enclosed as outlined in the food code? YES / NO

Massachusetts Tax ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Identification Number: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO FOOD SHALL BE SERVED until food permit is issued on day of the event by the Inspector.

## Plan Review:

1. Describe floor, wall and ceiling surfaces:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## Draw on next page a detailed layout of your operations showing all food service, handwashing facitlities, dishwashing facilities, ranges, refrigerators, worktables, food storage and service storage areas.

## RE: Propane Appliances *(A certificate from the Fire Department is required for all open flames.)*

Please be advised that 248 CMR of the Massachusetts Laws requires all new or altered gas piping be tested and inspected by the local gas inspector before being put into service. This means any gas appliance that is brought to your event, and then connected to a propane tank that is on the ground needs to have the connections done by a plumber or gas fitter licensed in the State of Massachusetts. A permit also needs to be secured by that person and inspections done prior to the appliance being used.

It is strongly recommended that you have arrangements made and permits secured prior to the start of the show. I will be available for inspections during week days prior to the show. I will walk through on opening day of the show with the Brimfield Building Commissioner and the Brimfield Fire Department. Any equipment in non-compliance with the Massachusetts General Laws will be required to be shut-off until it is in compliance. These are life safety issues. Thank you for your cooperation.

**Ed Kent, Brimfield Plumbing & Gas Inspector**  (**413)204-1104**

##  FINAL CHECKLIST:

\_\_\_\_\_\_\_ Application

\_\_\_\_\_\_\_ Worker’s Compensation

\_\_\_\_\_\_\_ Current ServSafe Certification

\_\_\_\_\_\_\_ Current Allergen Awareness Certification

\_\_\_\_\_\_\_ Appropriate Fee(s)

\_\_\_\_\_\_\_ Person In Charge Sign Off (Attachment A)

Signature of Vendor: \_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please call the Board of Health office at (413) 245-4100 x 1103 before sending incomplete information.

Thank you,

BOH Department Revised 4/23