

**Chelmsford Town Offices**

**Board of Health**

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Eric Meikle, MD, Clerk

Sue Rosa, BSN, RN, Public Health Director

Richard J. Day Deputy Health Director

Mark Masiello, Environmental Health Inspector

Carole McCaul, Departmental Assistant

**TEMPORARY FOOD APPLICATION - Contact the Board of Health for Fees**

Establishment/Business/Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of person responsible for this temporary food operation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your organization currently possess an annual food permit from the Chelmsford Board of Health?    Y    N\*

If yes, circle type of permit:            Food Service                            Retail

\*If **NO**, please provide current, up-to-date food permit from your local Board of Health.

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

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

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_ to \_\_\_\_\_

Source of potable water \_\_\_\_\_

Method of collecting and disposing of wash water \_\_\_\_\_

Location of handwashing facilities \_\_\_\_\_

Location of toilet facilities \_\_\_\_\_

Method and type of sanitizer used \_\_\_\_\_

List **ALL** food and beverages to be served, including source of food and brand names (you may need a separate sheet of paper) \_\_\_\_\_

\_\_\_\_\_

How do you propose to hold cold potentially hazardous foods below 45°F? \_\_\_\_\_

\_\_\_\_\_

How do you propose to hold hot potentially hazardous foods above 140°F? \_\_\_\_\_

\_\_\_\_\_

How do you propose to hold raw foods separate from ready-to-eat foods? \_\_\_\_\_

\_\_\_\_\_

Do you have a Certified Food Protection Manager (590.003) (to be present at all times during the event)?    Y    N

Provide Name (and attach copy of certificate) \_\_\_\_\_

**Application must be received at the Chelmsford Board of Health office at least 14 days prior to event. Please call the office to let us know if the permit should be mailed or if someone will pick it up in person.**

**Please be aware that we are likely to conduct an inspection of the temporary site before the event date.**

**I understand the above guidelines for a Temporary Food Permit:**

\_\_\_\_\_  
**Social Sec #/Federal ID #**  
O:\Health\Food Permit Applications March 2018

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**