



Boston Inspectional Services Department
Division of Health Inspections
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TEMPORARY FOOD SERVICE APPLICATION
ALL * INFO IS REQUIRED

*NAME OF APPLICANT: _____ *PHONE _____
*NAME OF OWNER (if different): _____
*ADDRESS: _____
*CITY: _____ *STATE: _____ *ZIPCODE: _____
EMAIL ADDRESS: _____
*NAME OF EVENT: _____
*EVENT COORDINATOR: _____ *PHONE _____
*EVENT ADDRESS: _____
*CITY: _____ *STATE: _____ *ZIPCODE: _____
*DATE/TIME OF EVENT: _____
*SIGNATURE OF APPLICANT: _____

ONLY NO TRANS FAT FOODS CAN BE SERVED (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED:

ITEMS:

LOCATION PURCHASED:

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

FEES ARE AS FOLLOWS:

1 DAY EVENT - \$30
\$30 FOR FIRST AND \$5 FOR EACH CONSECUTIVE DAY UP TO 14 DAYS

EXAMPLE:

1/1/01=\$30
1/1/01-1/3/01=\$40

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: _____

OFF SITE: YES ____, IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW):

REFRIGERATION: REQUIRED ___ NOT REQUIRED ___

METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOT-HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND
DISPLAY: _____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES ___ NO ___

DISPOSABLE GLOVES PROVIDED: YES ___ NO ___
