



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642
All departments 508-240-5900 Fax 508-240-5918
www.eastham-ma.gov

Date Received _____
Approved By _____
Permit # _____

FEE: \$25.00*

***Each food vendor is required to complete and submit the application form. If the event includes more than one vendor, all completed applications must be submitted at the same time, by an event coordinator, for one fee of \$25.00**

APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT PERMIT

THE FOLLOWING INFORMATION MUST BE PROVIDED WITH ALL APPLICATIONS

- Copy of Food Establishment license from town licensed in
- Copy of Servsafe Certificate
- Copy of Allergy Awareness Certificate
- Copy of Choke Saver Certificate

ALL APPLICATIONS ARE TO BE SUBMITTED TO THE EASTHAM HEALTH DEPARTMENT 3 WEEKS PRIOR TO THE EVENT

1. Applicant Information:

Name of Temporary Establishment _____ Date(s) of Event _____

Operator Name _____ Phone # _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Event Location _____

2. Menu:

Attach a menu or list **all** items to be sold or sampled _____

List all food sources (including ice and water) _____

3. Base of Operation:

Name _____ Type of Establishment _____

Address _____ City _____ State _____ Zip _____

Owner/Manager Name _____ Phone # _____ Email _____

4. Food Preparation:

Will any foods be prepared at the booth?

_____ YES _____ NO

If yes, describe what foods will be prepared and how they will be prepared _____

Describe how food will be transported from the base of operation and the procedure for keeping potentially hazardous food below 45°F or above 140°F during transport _____

Will all pre-packaged food be labeled with the name and address of the manufacturer, name of product, list of ingredients and net weight?

_____ YES _____ NO

Will all pre-packaged, potentially hazardous foods also be labeled with a sell-by date?

_____ YES _____ NO

Pre-packaged foods shall not be stored in contact with water or undrained ice.

How will refrigerated foods be maintained below 45°F? _____

5. Waste:

Describe the storage and disposal methods of accumulated waste _____

6. Plan Review:

Attach a sketch of the vendor booth. Identify the location of all food prep tables, refrigerators, coolers, sampling display areas and single service storage areas.

Please note, the Health Department may require an inspection to be conducted of the vendor booth prior to the event.

THE BOARD OF HEALTH MAY IMPOSE ADDITIONAL REQUIREMENTS AND MAY PROHIBIT THE SALE OF SOME OR ALL POTENTIALLY HAZARDOUS FOOD.

*Eastham Board of Health
Jane Crowley, Health Agent-508-240-5900 x3229
Susan Barker, Assistant Health Agent-508-240-5900 x3239*