

City of Boston
Inspectional Services Department
Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
Tel: (617) 635-5326

TEMPORARY FOOD SERVICE APPLICATION

NAME OF APPLICANT (company): _____

NAME OF OWNER (if different): _____

NAME OF EVENT: Boston Vegetarian Food Festival

ADDRESS OF EVENT: Reggie Lewis Athletic Center, 1350 Tremont Street, Boston, MA

SPECIFY DATE(S) & TIME(S) OF EVENT: _____

SIGNATURE OF APPLICANT: _____

FOOD TO BE SERVED:

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

PREPARATION/COOKING FACILITIES:

ON SITE: YES___ NO___, IF YES, DESCRIBE FACILITIES AND EQUIPMENT _____

OFF SITE: YES___ NO___, IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS_____ CHINA_____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

Kitchenette with sink adjacent to exhibitor room, and full kitchen on second floor.

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: Periodic removal by festival staff to dumpsters

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASH FACILITIES: Adjacent kitchenette and restrooms

LOCATION OF TOILET FACILITIES: Adjacent restrooms

HAIR RESTRAINTS PROVIDED: YES _____ NO _____

DISPOSABLE GLOVES PROVIDED: YES _____ NO _____

OFFICE USE ONLY:

INSPECTOR'S RECOMMENDATIONS: _____

ACTION TAKEN: PERMIT DENIED: _____ REASON FOR DENIAL: _____

PERMIT GRANTED: _____ CONDITIONS: _____

INSPECTOR: _____ DATE: _____