APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

A Temporary Food Permit is valid for up to fourteen (14) days
Please Print Legibly

Submit the following Completed Application at least 14 days PRIOR to the event with a NONREFUNDABLE fee of $50.00 made payable to the “City of Newton”. Cash is not accepted.
Incomplete applications and missing documents may cause a delay in the review and permit process.

Date of Submission: ____________________________  Will Propane Gas be used?  ☐ Yes  ☐ No

• If Yes, a Fire Permit MUST be obtained from Newton Fire Prevention Headquarters located at 1164 Centre Street, Newton MA 617-796-2230. If propane is used and a Fire Permit has not been obtained, the Temporary Food Establishment Permit will be null and void.

About your Business / Booth

Organization / Business Name: __________________________________________________________
Owner’s Name (if Applicable): __________________________________________________________
Address: __________________________________________________________________________
Phone Number: ______________________ Email: ______________________

About the Temporary Event(s)

Name of the Event(s): _________________________________________________________________
Date of the Event(s): __________________________ Time of the Event(s): __________________
Address / Location of the Event(s): _____________________________________________________
Organizer of the Event: __________________________________________ Phone: __________________

Contact Person in Charge (PIC) during the Event(s)

The PIC is the person DIRECTLY responsible for the Food Safety Operations during food preparation and at the event(s)

Name of PIC: __________________________________________ Phone: __________________
Email: ________________________________________________
Is the PIC a Certified Food Manager?  ☐ Yes - Submit a copy of the Certificate  ☐ No
Does the PIC have an Allergy Awareness Certificate?  ☐ Yes - Submit a copy of the Certificate  ☐ No

Employees or Volunteers who are experiencing symptoms of Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event as a food handler.
Please review employee health with the staff prior to the event. For more information about employee health visit:

http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/default.htm
**Food Information**

List **ALL** Food and Beverage items to be prepared and served below. Attach a separate sheet if necessary. 

**NOTE:** Any changes to the menu must be submitted to and approved by the Newton Health and Human Services Department **at least 5 business days prior to the event.** Only the Food items listed on the Permit may be offered at the Event.

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### Will all Foods be prepared at a licensed Food Establishment?  
☐ Yes  ☐ No  
- If Yes, Provide a copy of the Food Establishment Permit  
- If No, Complete **Attachment A** on page 4

### Describe the Following

**Location of where Foods will be prepared:**

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**When will Foods be prepared?**

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**How and where will the Foods be stored and held?**

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**How will TCS (Time / Temperature Control for Safety Food) Foods be held Cold (41°F and below):**

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**How will TCS Foods will be held Hot (135°F and above):**  ☐ NA (there will not be any hot holding):

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**How will Foods will be cooked on site:**  ☐ NA (Foods will not be cooked on site):

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**How will Foods be monitored during the Event:**

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**Will there be overhead cover?**  ☐ Yes  ☐ No

**How Foods will be protected against environmental and customer contamination:**

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**Describe where utensil washing will take place:**

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**If no ware washing facilities are available on site, describe the location of back-up utensil storage:**

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How hand washing will take place: ________________________________________________________________

How many hand washing stations will be set-up? _________________

What type of gloves will be used? (Latex Gloves should not be used): ____________________________________

Type of sanitizer that will be used?  ☐ Chlorine: ___________________________________________  ☐ Quaternary: ___________________________________________

Brand Name  Brand Name

Will portable toilets  ☐ Yes  Number of toilets: __________  ☐ No

• If Yes, what is the company name of the sewage hauler: ________________________________________________
  (Company must have an Offal Permit with the City of Newton)

• If No, describe the toilet facilities: _________________________________________________________________

Please add any additional information about your Temporary Food Establishment that should be considered: ________________

Each cart / table etc. that has a specific function requires a Temporary Food Permit. Carts / tables etc. used only to store packaged foods and drinks will not be considered a separate cart.

Permits are not granted on site at the Event

Statement: I, ____________________________, hereby attest to the accuracy of the information provided in the application and affirm to comply with 105 CMR 590.000 State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments, the FDA 2013 Food Code and any City of Newton Codes and Ordinances. Additionally, I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify final approval and/or permit.

Signature: ____________________________  Print: ______________________________

FOR OFFICIAL USE ONLY

☐ Approved:  Restrictions  ☐ NA  ____________________________

☐ Disapproved:  Reason(s):  ____________________________

Inspector's Signature: ____________________________  Print: ______________________________

Date: ____________________________  Permit Effective Date(s): ____________________________
**FOOD PREPARATION for TEMPORARY / SEASONAL FOOD ESTABLISHMENTS**

Use the form below to Identify and explain how and where each Food Item will be prepared at or prior to the event(s). Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Food Product</th>
<th>Thawing: Method and Location</th>
<th>Preparation &amp; Assembly Method and Location</th>
<th>Cold Holding Method and Location</th>
<th>Cooking Method and Location</th>
<th>Hot Holding Method and Location</th>
<th>Reheating Method and Location</th>
<th>Check if: Commercially Packaged Non-TCS Items Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Frozen, Previously Cooked Sausage with Peppers &amp; Onions</td>
<td></td>
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<tr>
<td>Method = Thaw Sausages in walk-in refrigerator. Location = Restaurant overnight</td>
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<tr>
<td>Method = Wash Peppers in food prep sink. Slice Peppers &amp; Onions Location = Restaurant using clean / sanitized equipment</td>
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<tr>
<td>Method = Store Sausage, Peppers &amp; Onions in walk-in refrigerator. Location = Restaurant Place in cooler with ice to transport to event.</td>
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<tr>
<td>Method = Propane Grill. Cook Sausages to at least 165°F and Peppers &amp; Onions to at least 135°F. Test temperature with thermocouple thermometer Location = At the Event</td>
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<tr>
<td>Method = Store Cooked Sausages, Peppers &amp; Onions in a chafing dish with stevers. Location = At the event.</td>
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<tr>
<td>Method = If Internal temperature drops below 135°F, reheat to 165°F on grill and hot hold at 135°F and above. Location = At the event</td>
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</table>
GUIDELINES FOR TEMPORARY / SEASONAL FOOD VENDORS

The following are conditions and guidelines to control Foodborne Illness Risk Factors in order to serve safe food to the public:

- **Conspicuously Display** the following: Temporary / Seasonal Food Permit, Propane Permit (if applicable), Allergy Awareness Notice “Before placing your order, please inform your server if a person in your party has a food allergy.” The notice must be displayed in a clear, conspicuous manner on all menus and menu boards.

- **Only the foods stipulated on your Food Permit may be served / sold.**

- **Employees with communicable diseases which can be transmitted through food or who are experiencing vomiting and/or diarrhea must be excluded from food activities.**

- **Running water with liquid soap and disposable paper towels for hand washing must be available and set-up prior to food preparation. Bottled water with a pull out spout is acceptable.** Check with the Health and Human Services Department for other acceptable methods.

- **All food handlers shall wash their hands before and after glove use, after utilizing the toilet facilities, smoking, eating, changing tasks, and anytime when hands become contaminated.**

- **Bare hands may not contact RTE (ready-to-eat) and cooked foods.** Suitable utensils shall be used such as deli tissue, spatulas, tongs, single-use non-latex gloves etc. Bare-hand contact shall be minimized with foods that are not RTE.

- **All TCS (Time / Temperature Control for Safety Food) Foods shall be held at: 135°F and above for Hot Holding or 41°F and below for Cold Holding.** Examples of TCS Foods include but are not limited to Hot Dogs, Sausages, Hamburgers, Prepared Vegetables, and Rice etc.

- **The following are the Minimum Internal Cooking Temperatures:**
  - Commercially Processed RTE Foods (Hot Dogs, Pre-Cooked Sausages) - 135°F
  - Hamburgers - 155°F
  - Chicken - 165°F
  - Pork - 145°F
  - TCS Foods - previously cooked, cooled and reheated for Hot Holding - 165°F

- A thermocouple-style thermometer or T-Sticks (disposable) must be available and used for testing the internal temperatures of TCS Foods on site. Thermometers shall be cleaned and sanitized before and after use. Alcohol swabs are highly recommended.

- **Smoking is prohibited within 10 feet of a cart or food storage area.** Employee must wash their hands thoroughly with soap before returning to work.

- **Foods must be obtained from an approved commercial source.** Proof of source such as boxes, receipts etc. must be on site and available.

- **All carts must be thoroughly pre-cleaned before set-up at the event.**

- **All equipment, utensils, containers etc. shall be clean and in sanitary condition.** A spare set of work utensils shall be available if ware washing is not available.

- **Ice cream and other utensils can be stored in the product with the handle positioned out of the product.**

- **Only mechanical refrigeration or crushed / cubed ice is allowed as a cooling medium.** Foods shall not come in contact with water or un-drained ice. Packaged foods may not be stored directly in ice if it is subject to the entry of water.

- **All foods, drinks and condiments shall be handled and stored in a manner that prevents contamination such as using clean covered containers, storing equipment and food up off the ground etc. Trash bags are not to be used for food storage.**

- **Garbage and refuse shall be disposed of in a satisfactory manner.** The premises shall be kept clean.

- **A Soapy Water solution shall be available.** Sanitizer is NOT a cleaner.

- **A Sanitizing Solution prepared at proper concentration as determined by the pH papers (Chlorine-White papers with Purple color chart, Quaternary-Orange papers with Green color chart) shall be available and used on food contact surfaces.** A properly labeled spray bottle or Red Container is acceptable. The Sanitizer label MUST state “For Use on Food Contact Surfaces”. Read and follow the Sanitizers Manufacturers Label for specific concentration levels and contact time. Pre-mix sanitizers (Chlorine or Quaternary type) are also available at restaurant equipment and supply stores.
  - Chlorine (Bleach) Sanitizer: 50 – 200 PPM (Depends on manufacturer’s instructions)
  - Quaternary Sanitizer: 200 PPM or 150 – 400 PPM (Depends on the manufacturer’s instructions)

If the above guidelines are not maintained or set-up, your Temporary / Seasonal Food Permit may be immediately suspended / revoked and you will be asked to leave the Event. If there are any questions regarding the above conditions, call the Newton Health and Human Services Department at 617-796-1420 prior to the event.

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**I have read, understand and agree to follow the above Conditions and Guidelines**

Signature of Permit Holder: __________________________ Print: __________________________