

**SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH DIVISION  
311 STATE STREET  
SPRINGFIELD, MA 01105  
Office: 413-787-6740 FAX: 413-787-6458**



**FEE: \$50.00**

**TEMPORARY ONE TIME EVENT/FESTIVAL**

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

- **Applications for the permit must be made (2) week prior to the event.**
- **A temporary food establishment means any site where food is prepared and/or distributed for individual portion service.**
- **Temporary food service establishment permits are required of each individual temporary food establishment that operates at a fixed site for a period of time *not to exceed 14 consecutive days in conjunction with an event or celebration.***
- **The term temporary food service establishment shall apply to each separate site at an event or celebration.**
- **All applicants must contact the Environmental Health Division at 413-787-6717 to schedule an appointment for application approval.**
- **All temporary food service establishments must be ready for inspection at the start of the event.**

**TODAY'S DATE:** \_\_\_\_\_

**Please print clearly:**

**NAME OF THE EVENT:** \_\_\_\_\_

**ADDRESS LOCATION OF THE EVENT:** \_\_\_\_\_

**EVENT DATE: START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**HOURS OF OPERATION: OPENING:** \_\_\_\_\_ **CLOSING:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**BOOTH/UNIT NAME:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**(turn over to continue onto page 2)**

1. WHAT IS THE SOURCE OF THE FOOD TO BE SERVED/DISPENSED? \_\_\_\_\_  
\_\_\_\_\_

2. LIST THE FOODS TO BE SERVED /DISPENSED AT THE FUNCTION?  
\_\_\_\_\_

3. HOW WILL THE FOOD ITEMS BE COOKED?  
\_\_\_\_\_

4. HOW WILL THE FOOD ITEM TEMPERATURES BE KEPT?  
A. HOT HOLDING? \_\_\_\_\_  
B. COLD HOLDING? \_\_\_\_\_

5. HOW WILL THE FOOD BE PROTECTED? \_\_\_\_\_  
\_\_\_\_\_

6. DESCRIBE THE TYPE/LOCATION OF HAND WASHING FACILITY WHICH WILL BE USED  
\_\_\_\_\_

7. INDICATE WATER SUPPLY: \_\_\_\_\_

8. WHERE WILL EXCESS FOOD AND SINGLE SERVICE ITEMS BE STORED? \_\_\_\_\_  
\_\_\_\_\_

9. HOW WILL CONDIMENTS AND SINGLE SERVE ITEMS BE DISPENSED?  
\_\_\_\_\_  
\_\_\_\_\_

10. WHAT METHOD OF TRASH & GARBAGE DISPOSAL WILL BE USED? \_\_\_\_\_  
\_\_\_\_\_

THE ABOVE INFORMATION IS REQUIRED TO BE SUBMITTED IN ACCORDANCE WITH CHAPTER 10 OF THE STATE SANITARY CODE 105 cmr 590.000. All APPLICANTS ARE REQUIRED TO ABIDE BY APPROPRIATE RULES AND REGULATIONS AS IDENTIFIED BY THE STATE SANITARY CODE.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I THE UNDERSIGNED, CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL I.D. #

\_\_\_\_\_  
(PRINT NAME) OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

PLEASE SEND THIS **COMPLETED** APPLICATION AND A \$50.00 **MONEY ORDER** MADE OUT TO THE CITY OF SPRINGFIELD AND MAIL TO:  
**SPRINGFIELD HEALTH & HUMAN SERVICES ENVIRONMENTAL DIVISION**  
**311 STATE STREET SPRINGFIELD, MA. 01105**