

Agreement

Licensed Food Establishment Operator- Temporary Food Establishment Vendor

I, _____ hereby agree to allow _____
Licensed Food Est. Operator Vendor

The use of my approved food establishment for the following dates and times:

Signed,

Licensed Food Operator: _____ Date: _____
Signature

Print Name: _____

Name of Establishment: _____ Tel: _____

Address of Establishment: _____

Temporary Food Vendor: _____ Date: _____
Signature

Print Name: _____

Name of Group/Org. _____ Tel: _____

Address of Group/Org. _____

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment	Operator	Contact Telephone
Name of Event/Location	Date(s) of Event/Hours of Operation	
Operators Mailing Address		

COOKING AND PREPARATION OF ALL FOODS OFF SITE MUST BE DONE IN AN APPROVED COMMERCIAL KITCHEN INSPECTED BY THE BOARD OF HEALTH
"NO HOME COOKING ALLOWED"

1. Before completing this application, read "Are You Ready?" checklist.
2. Menu: Attach or list ALL items. NO MENU CHANGES ARE PERMITTED.

3. Will all foods be prepared at the temporary food service booth?
 YES Fill out Section B below.
 NO 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times. 2. Fill out both Sections A & B below.
4. Use of open flame: If yes, do you use propane charcoal
PROPANE USAGE MUST BE PERMITTED BY THE LOWELL FIRE DEPARTMENT
5. List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	THAW	CUT ASSEMBLE	COOK	COOL	COLD HOLDING	REHEAT	HOT HOLDING	PORTION PACKAGE
1.								
2.								
3.								
4.								
5.								

SECTION B: At the Booth

FOOD	THAW	CUT ASSEMBLE	COOK	COOL	COLD HOLDING	REHEAT	HOT HOLDING	PORTION PACKAGE
1.								
2.								
3.								
4.								
5.								

NOTE: If your food preparation cannot fit these charts, please list all of the steps in preparing each Menu item on an attached sheet.

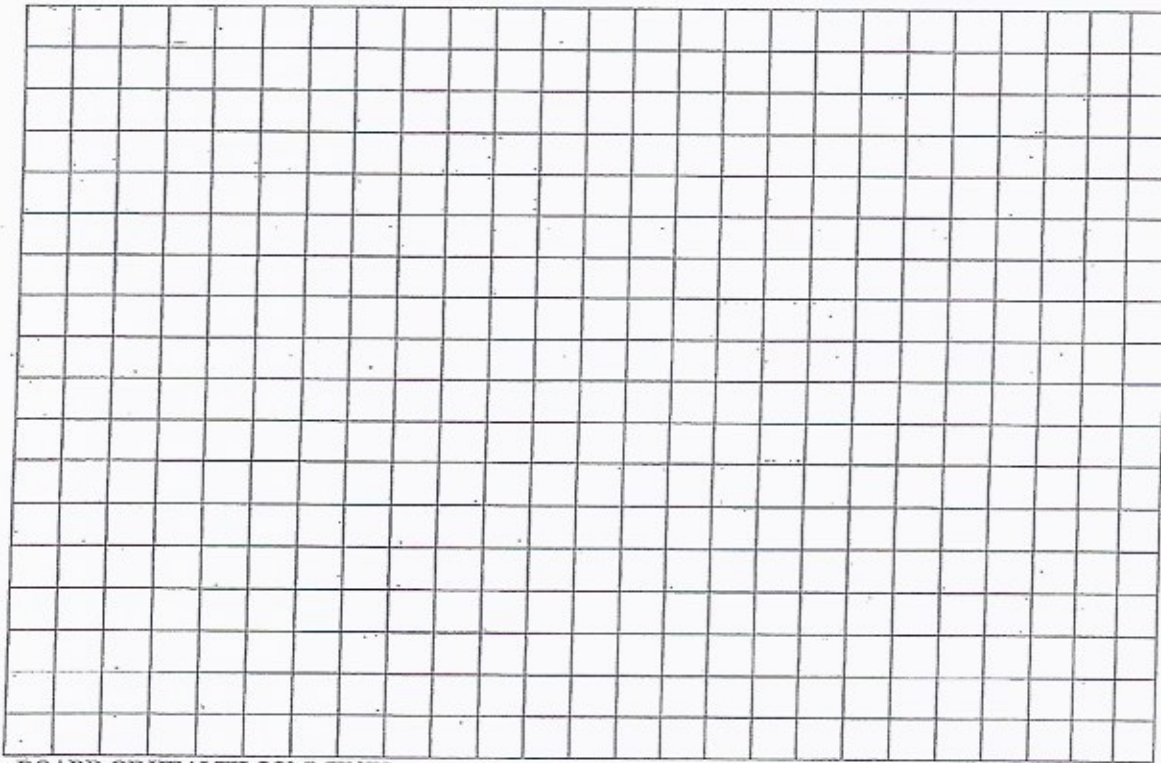
SEE REVERSE SIDE

5. Food source(s): _____
Source and storage of water/ice: _____
Storage and disposal of wastewater: _____
Storage and disposal of garbage: _____
Storage and disposal of grease/cooking oil: _____
6. Please draw a sketch of the booth in the section below.

PLAN REVIEW:

A. Draw in the location and identify all equipment including handwash facilities; dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc.
(A CERTIFICATE FROM THE FIRE DEPARTMENT IS REQUIRED FOR ALL OPEN FLAMES.)

B. Describe floor, wall and ceiling surfaces:



BOARD OF HEALTH COMMENTS:

PERMIT #

APPROVED BY:

DATE:

EMPLOYEE LOG

<u>NAME</u>	<u>DATE</u>	<u>ASSIGNMENT</u>	<u>TIME IN</u>	<u>TIME OUT</u>