City of Newton HEALTH AND HUMAN SERVICES DEPARTMENT 1000 Commonwealth Avenue Newton, MA 02459-1544 Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617.796.1089							
APPLICATION FOR SEASONAL FOOD ESTABLISHMENT PERMIT A Seasonal Food Permit is valid for up to Six (6) Months Please Print Legibly							
Submit the following Completed Application <u>at least 14 days PRIOR to the event</u> with a NONREFUNDABLE fee of \$75.00 made payable to the "City of Newton". Cash and Credit Cards are not accepted at this time. 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. 	t,						
About your Business / Booth							
Organization / Business Name:							
Owner's Name (if Applicable):							
Address:							
Phone Number: Email:							
Attach additional sheet if necessary							
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? \Box Yes - Submit a copy of the Certificate \Box 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. 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 <u>at</u> <u>least 5 business days prior to the event</u>. Only the Food items listed on the Permit may be offered at the Event(s).

 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 <u>Attachment A</u> on page 4 <u>Describe the Following</u>
Location of where Foods will be prepared:
When will Foods be prepared?
How and where will the Foods be stored and held?
How will TCS (Time / Temperature Control for Safety Food) Foods be held Cold (41°F and below):
How will TCS Foods will be held Hot (135°F and above):
How will Foods will be cooked on site:
How will Foods be monitored during the Event:
Will there be overhead cover? Yes No
How Foods will be protected against environmental and customer contamination:
Describe where utensil washing will take place:
If no ware washing facilities are available on site, describe the location of back-up utensil storage:
How hand washing will take place:

What type of gloves will be used? (Latex Gloves should not be used):									
Type of sanitizer that will be used? \Box Chlorine: \Box Quaternary:									
		Brand Name	Brand Name						
Will portable toilets \Box Y	/es Num	ber 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 to	let facilities:								
Please add any additional int	Please add any additional information about your Seasonal Food Establishment that should be considered:								
Please Note: Each cart / table etc. which has a specific function requires a Seasonal Food Permit. Carts / tables etc. which are used only to store packaged foods and drinks will not be considered a separate cart.									
	Permits are not g	granted on site at t	<u>he Event</u>						
Statement: I,									
FOR OFFICIAL USE ONLY									
☐ Disapproved: Reason	(s):								
Inspector's Signature:		Prir	t:						
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Attachment A

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.

Food	Thawing:	Preparation & Assembly	Cold Holding	Cooking	Hot Holding	Reheating	Check if:
Product	Method and Location	Method and Location	Method and Location	Method and Location	Method and Location	Method and Location	Commercially Packaged Non-TCS Items Only
Example: Frozen, Previously Cooked Sausage with Peppers & Onions	Method = Thaw Sausages in walk-in refrigerator. Location = Restaurant overnight	Method = Wash Peppers in food prep sink. Slice Peppers & Onions Location = Restaurant using clean / sanitized equipment	Method = Store Sausage, Peppers & Onions in walk-in refrigerator. Location = Restaurant. Place in cooler with ice to transport to event.	Method = Propane Grill. Cook Sausages to at least 165°F and Peppers & Onions to at least 135°F. Test temperature with thermocouple thermometer Location = At the Event	Method = Store Cooked Sausages, Peppers & Onions in a chaffing dish with sternos. Location = At the event.	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	

				SEASONAL FOOD				
The	following a					fe food to the public:		
	The following are conditions and guidelines to control Foodborne Illness Risk Factors in order to serve safe food to the public:							
0	 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 							
		The notice must be displayed in						
0		oods stipulated on your Foo						
0		s with communicable diseases			r who are experien	cing vomiting and /or		
0		just be excluded from food acti				ong vonning and /or		
0	Running w	ater with liquid soap and dispo	sable paper towels	s for hand washing mu	st be available and	set-up prior to food		
	preparation	n. Bottled water with a pull out	spout is acceptable	e. Check with the Heal	Ith and Human Ser	vices Department for		
		ptable methods.						
0		andlers shall wash their han			lizing the toilet fa	cilities, smoking,		
		anging tasks, and anytime w			(. I I. I. P. C		
0		Is may not contact RTE (read ongs, single-use non-latex glov						
0		ime / Temperature Control for						
0		<i>i</i> for Cold Holding. Examples						
		/egetables, and Rice etc.				- <u>(</u>) () ,		
0	The follow	ving are the <u>Minimum Interna</u>	I Cooking Tempe	ratures:				
	≻	Commercially Processed R	TE Foods (Hot De	ogs, Pre-Cooked Sau	isages) - 135°F			
	\triangleright	Hamburgers - 155°F	\succ	Chicken - 165ºF	>	Pork - 145⁰F		
	\triangleright	TCS Foods - previously co	oked, cooled and	reheated for Hot Hol	ding - 165ºF			
0		ouple-style thermometer or T-S						
		ods on site. Thermometers sha	all be cleaned and	sanitized before and a	fter use. Alcohol sv	vabs are highly		
	recommen							
0	-	s prohibited within 10 feet of a d	cart or food storage	e area. Employee mus	t wash their hands	thoroughly with soap		
0		<u>irning to work.</u> st be obtained from an approve	ed commercial sour	rce. Proof of source su	ich as boxes recei	ots etc. must be on site		
0	and availab							
0		ust be thoroughly pre-cleaned	before set-up at th	e event.				
0		ent, utensils, containers etc. sh		sanitary condition. A	spare set of work u	itensils shall be		
		ware washing is not available		ith the headle position		<u></u>		
0		and other utensils can be store						
0		anical refrigeration or crushed		0				
0		n-drained ice. Packaged foods drinks and condiments shall be						
0		ontainers, storing equipment ar						
0	Garbage a	nd refuse shall be disposed of	in a satisfactory m	anner. The premises s	shall be kept clean.			
0	A Soapy W	later solution shall be available	e. Sanitizer is NOT	a cleaner.				
0	A Sanitizin	g Solution prepared at proper	concentration as de	etermined by the pH p	apers (Chlorine-WI	hite papers with Purple		
		, Quaternary-Orange papers w						
		beled spray bottle or Red Cont						
		. Read and follow the Sanitiz						
		anitizers (Chlorine or Quater Chlorine (Bleach) Sanitizer						
		Quaternary Sanitizer: 200						
				· ·		•		
		elines are not maintained or s						
		ked and you will be asked to and Human Services Departm			ions regarding the	above conditions, call		
THE MEN		and numan services Departm	1011 at 017-790-14					

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

Signature of Permit Holder:

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Print: _____

Updated 2/14/2017