

Permit Number \_\_\_\_\_  
 Issue Date \_\_\_\_\_

Fee Paid \_\_\_\_\_  
 GBBOH Authorization \_\_\_\_\_

# Great Barrington Board of Health

334 Main Street, Great Barrington, MA 01230

413.528.8310 fax-528.2290

(Revised 12/2/03)

## Temporary/Special Event Food Establishment Application

(All permits expire December 31 or as noted)

Name of Establishment \_\_\_\_\_ Special Event Location \_\_\_\_\_

Mailing Address for Establishment \_\_\_\_\_

Establishment Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Individual Owner, Corporate Officer or Responsible Person \_\_\_\_\_

Person Certified in Safe Food Handling (Must have. Attach Certificate) \_\_\_\_\_

Approved Off Site Kitchen (Must attach copy of local permits and signed use agreement) \_\_\_\_\_

Estimate Number of Patrons/day \_\_\_\_\_  Temporary or  Seasonal Permit

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Water/Ice Supply \_\_\_\_\_ Electricity On Site? \_\_\_\_\_

Storage/Disposal of Garbage \_\_\_\_\_ Disposal of Grease \_\_\_\_\_

Hand wash Station (Must be labeled) \_\_\_\_\_ Refrigeration \_\_\_\_\_

Wash/Rinse/Sanitize Set up (Must be labeled): \_\_\_\_\_ Disposal of Wastewater \_\_\_\_\_

Type of Food Being Served (Must attach a complete menu; fill in charts; **no changes.**): \_\_\_\_\_

### Potentially Hazardous Food Prep at the Approved Kitchen

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

### Potentially Hazardous Food Prep at the Booth\*

1.								
2.								
3.								
4.								
5.								

\*On reverse draw a plan of the temporary booth including all equipment, handwash stations, dishwash stations, ranges, refrigerator, worktables, storage, etc. Describe floor, walls and ceiling surfaces.

Check All That Apply: (Fees are to be paid with Application and include Permits and Inspections)

\_\_\_\_\_ Special Event Food Vendor (Fee not required with local caterer's permit) Fee\$ 20/day

\_\_\_\_\_ Farmer's Market and Nonprofit Food Service (max 4 events per year) Fee\$ 25.

\_\_\_\_\_ Other \_\_\_\_\_ Fee \$ \_\_\_\_\_

**FIRE OR PROPANE USAGE MUST HAVE FIRE DEPARTMENT PERMIT**

**ALL TENTS MUST HAVE FIRE RETARDANT LABELS**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the code and allow the Board of Health access to my establishment as specified under 8-402 of the Food Code.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_