Marshfield Board of Health
870 Moraine Street
Marshfield, Ma. 02050

781-834-5558
Fax 781-837-6047

Permit #_____

Fee _____
10 Days

2016 MARSHFIELD FAIR August 19-28

Early Registration Fee: **$15.00 per day (if received 14 days prior to event) - $150.00**

$25.00 per day (if received less than 14 days prior to event) - $250.00

PLEASE NOTE: Applications will not be accepted less than 72 hours prior to an event.

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

****Applications will not be accepted unless a copy of your up-to-date food certification(s) and Allergen Awareness Training is enclosed.***

PLEASE PRINT CLEARLY

Name of Establishment: _____

Name of Certified Food Handler: _____

Name of Owner: _____

Complete Mailing Address: _____

Town: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Cell Phone _____

Menu: List all food items proposed to be prepared and served

_____

_____

_____

_____

Will all foods be prepared at the temporary food establishment booth? Y N

If no, attach a copy of the agreement with the licensed food establishment where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported to the event.

_____

_____

List sources if serving meat/poultry/seafood/shellfish (Shellfish tags must be maintained for 90 days)

_____

_____

List water source and storage method_____

How will wastewater be stored and disposed? _____

_____

How will garbage be stored and disposed?

_____

_____

_____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above, without prior approval from the Board of Health, may nullify final approval.

Signature(s) _____

Date: _____

Other Fees:
Prepackaged Frozen Dessert Only: $ 45.00 (10 days)
Non-profit: $ 30.00 (10 days)

APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE!

Approval of these plans does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute approval for operation. A pre-opening inspection of the establishment, with equipment in place and operational, will be required to determine compliance.

Approval_____ Date:_____
Disapproval_____ Date:_____