

# COORDINATOR'S CHECKLIST FOR FOXBOROUGH TEMPORARY FOOD EVENTS

**Appointment Date with BOH:** \_\_\_\_\_

\* RETURN COMPLETED APPLICATION TO THE FOXBOROUGH BOARD OF HEALTH OFFICE  
THIRTY (30) DAYS BEFORE THE EVENT.

\*\* Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT.**

1. NAME OF EVENT: \_\_\_\_\_ DATE(s): \_\_\_\_\_
2. EVENT LOCATION (*BE SPECIFIC – LOT #, ROOM NAME, ADDRESS, ETC.*): \_\_\_\_\_
3. EXPECTED NUMBER OF PATRONS: \_\_\_\_\_
4. EXPECTED PEAK DAYS & NUMBERS OF PATRONS: \_\_\_\_\_
5. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE (work, home, cell)</u>
_____	_____	_____
_____	_____	_____

6. NUMBER OF ANTICIPATED FOOD BOOTHS: \_\_\_\_\_
7. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

<u>NAME</u>	<u>ADDRESS</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____

8. TIME OF EVENT SET-UP: \_\_\_\_\_ TIME OF EVENT COMPLETION: \_\_\_\_\_

9. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):  
\_\_\_\_\_  
\_\_\_\_\_

10. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: \_\_\_\_ YES \_\_\_\_ NO

11. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY:  
\_\_\_\_\_  
\_\_\_\_\_

12. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM:  
\_\_\_\_\_

13. DESCRIBE GARBAGE DISPOSAL:  
\_\_\_\_\_

<u>SIGNATURE - EVENT COORDINATOR</u>	<u>TITLE</u>	<u>DATE</u>
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<u>Printed Name of Event Coordinator</u>	<u>Address</u>	<u>Phone#</u>	<u>Email</u>
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**BOARD OF HEALTH**  
**TOWN OF FOXBOROUGH**  
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET  
 Tel. (508) 543-1207  
 Fax (508) 543-6278

**APPLICATION FOR  
 TEMPORARY FOOD ESTABLISHMENT PERMIT**

Application must be submitted 30 calendar days before proposed opening day.  
 No Potentially Hazardous Foods are allowed other than hamburgers, hotdogs and sausages.  
**\$50.00/check payable to the Town of Foxborough** – include \$200 Late Fee if submitted less than 30 days before event.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	
CHECK# _____	<input type="checkbox"/> APPOINTMENT DATE: _____

Event Coordinator \_\_\_\_\_ Event Coordinator Phone # \_\_\_\_\_ EMAIL \_\_\_\_\_

Name of Event \_\_\_\_\_ Location of Event \_\_\_\_\_ Date(s) of Event/Hours of Operation \_\_\_\_\_

Name of Organization \_\_\_\_\_ Address of Organization \_\_\_\_\_ Organization Phone # \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Address of Applicant \_\_\_\_\_ Applicant Phone # \_\_\_\_\_ EMAIL \_\_\_\_\_

1. Before completing this application, read the **"Temporary Food Event Top 10!"** and Mass. DPH **"Are You Ready?" Check list** (both attached)  
 Have you read this material?     Yes     No
  
2. Do you have a 3-bay sink?     Yes     No    Location: \_\_\_\_\_
  
3. Will all foods be prepared at the temporary food service booth?  
 **YES**    Fill out **Section B** below.  
 **NO**    Attach a copy of the food permit and agreement for use of another approved kitchen/commissary.  
 Fill out both **Sections A and B** below.  
 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:**

Does the Booth have Electricity:    Yes    No    Running Water:    Yes    No

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

(Note: If your food preparation procedures cannot fit these charts, list all of the steps in preparing each menu item on an attached sheet.)

4. Food source(s): \_\_\_\_\_

Describe the potable water supply and delivery: \_\_\_\_\_

Describe ice storage: \_\_\_\_\_ Where is ice purchased from: \_\_\_\_\_

Describe storage and disposal of wastewater: \_\_\_\_\_

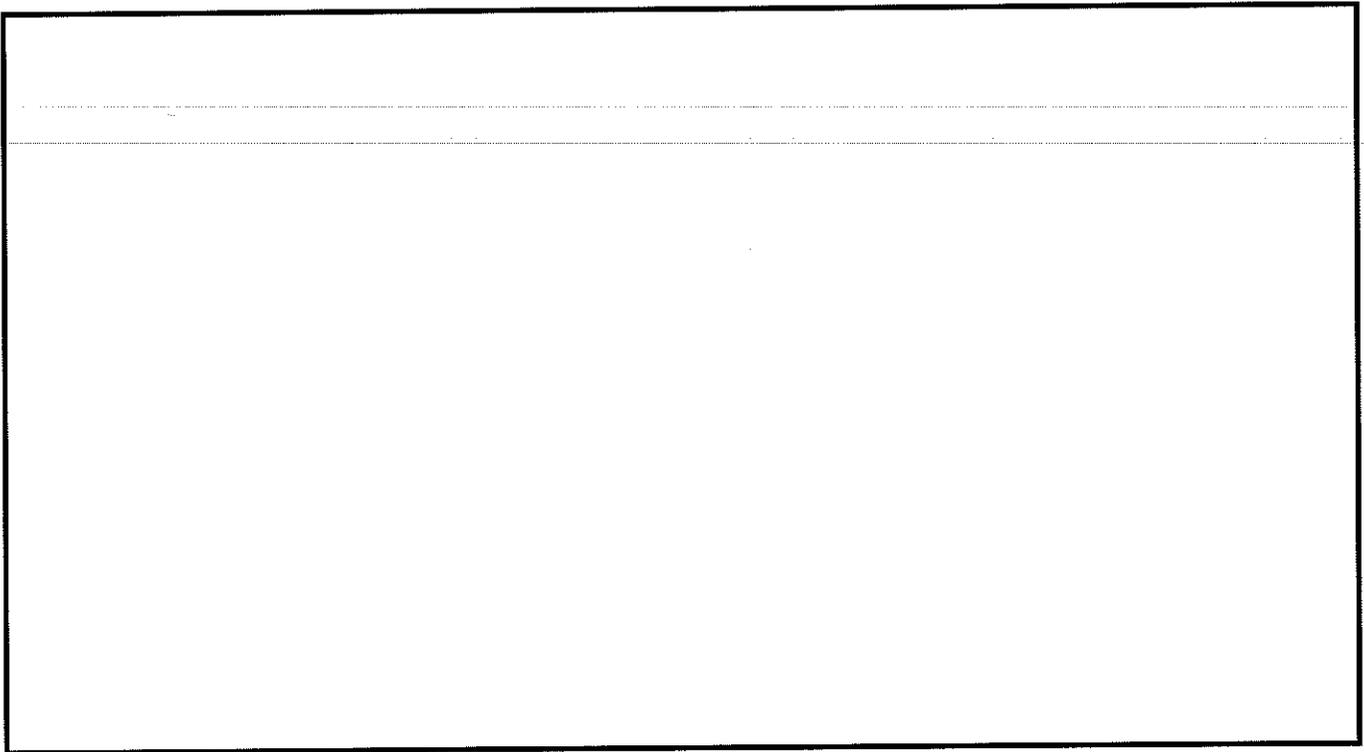
Describe storage and disposal of garbage: \_\_\_\_\_

5. On this page, draw a sketch of the booth:

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (The Mass. Sanitary Code for Food Establishments can be obtained by calling the State House Bookstore at 617-727-2834 or 508-646-1374, and on-line at [www.state.ma.us/dph/fpp](http://www.state.ma.us/dph/fpp))

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## TEMPORARY FOOD ESTABLISHMENT PERMIT - CHECKLIST

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- SERVSAFE CERTIFICATE – For Potentially Hazardous Foods Only.**
  - For pre-packaged items/bottled water, etc., a ServSafe Certificate is not necessary.
- ALLERGY AWARENESS CERTIFICATE**
- WORKERS' COMPENSATION FORM – A new form is needed every permitting season, with policy number and expiration date of policy.**
  - Sole Proprietors and non-profit organizations must also complete this form.
- FOG CERTIFICATION (Fats, Oils, Grease) – if required**
  - List your FOG disposal location: \_\_\_\_\_
- COPY OF CURRENT LICENSE FROM THE TOWN WHERE YOUR ESTABLISHMENT IS LOCATED**
- COMMISSARY AGREEMENT – Signed**
- RESTROOM FACILITY AGREEMENT – Signed**
- MENU – Check Items Below or Attach Menu - (TIP: Menus should be kept simple)**

What will your organization be selling/sampling or giving away:

(check all that apply and be EXPLICIT – A general statement as “baked goods” is NOT acceptable)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Water                        | <input type="checkbox"/> Hamburgers*  |
| <input type="checkbox"/> Soda (include all beverages) | <input type="checkbox"/> Hot Dogs*    |
| <input type="checkbox"/> Prepackaged Ice Cream        | <input type="checkbox"/> Sausages*    |
| <input type="checkbox"/> Prepackaged Candy            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> List All Condiments: _____   |                                       |

\*No Potentially Hazardous Foods are allowed other than hamburgers, hot dogs and sausages.

### DAY OF EVENT

- POST BOARD OF HEALTH PERMIT**
- POST SERVSAFE CERTIFICATE (IF APPLICABLE)**
- POST ALLERGY AWARENESS STATEMENT (IF APPLICABLE) ON YOUR MENU BOARD OR PLACARD**

# Use of Commissary Agreement

## Base of Operations

It is required that the operator of a Mobile Food Unit has a base of operation from a licensed commissary/shared kitchen facility. Home kitchens will not be approved. The kitchen is an essential part of a mobile food operation and must have facilities for supply storage, potable water, equipment cleaning and sanitizing, food preparation, refuse, water and grease disposal and other servicing activities.

### **Base of Operation Information:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Attach copy of current permit

### **Mobile Unit/Vendor Information:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Days/Time at Base of Operation: \_\_\_\_\_

### **Signatures:**

Base of Operation Owner/Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Vendor Owner/Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement between the owner of the Base of Operation and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the kitchen as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the kitchen or mobile food unit, or should there be any modification or cancellation of this agreement between parties, then the Mobile Food Establishment Permit may be suspended.

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. 105 CMR 590.009 (B) (11)

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft. of the mobile vending unit.

I, \_\_\_\_\_, have read and understand the items of  
*Business Owner or Responsible Party*

responsibility listed above and agree to comply with all of the requirements. I give permission

to \_\_\_\_\_ to use my establishment,  
*Mobile Food Vendor*

\_\_\_\_\_, located at \_\_\_\_\_,  
*Business Name Business Address*

as their main restroom facility.

I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: \_\_\_\_\_

Title (e.g. owner, manager): \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Mobile Food Vending Unit: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# TEMPORARY FOOD EVENTS

- A Foxborough Board of Health permit is required for ALL vendors that will be selling or giving away any pre-packaged snacks or drinks (including bottled water).
- A Foxborough Board of Health permit is required for ALL vendors that will be preparing, cooking, and/or serving ANY food on site.
- Pre-packaged snack size "Halloween-type" candy and lollipops are exempt from all permit requirements.

## THE TEMPORARY FOOD EVENT TOP 10!

1. No one who is **SICK** should be handling or preparing open food.
2. **HANDWIPES**, not hand sanitizers, must be used for handwashing.
3. The **EXACT** State-specified Allergy Awareness statement must be posted and visible to the public.
4. All long hair must be **RESTRAINED**.
5. **NON- LATEX** gloves are required when handling all ready-to-eat foods.
6. A calibrated food **THERMOMETER** must be available to test the temperature of all hot and cold potentially hazardous foods. Hot foods must be at >140°F, cold foods must be at <41°F.
7. In the absence of proper washing, rinsing, and sanitizing equipment, **EXTRA** serving utensils must be provided in the event contamination occurs.
8. The Foxborough Board of Health permit must be **POSTED** visible to the public.
9. Personal drinks, personal belongings, and all chemicals (including sanitizer) must be **SEGREGATED** from all food and food equipment.
10. Limit self-service of food from the general public. All food must be **PROTECTED** from the public through service by chefs, food covers, food wrapping, sneeze guards, individual pre-portioned size containers, etc.

Massachusetts Department of Public Health  
Food Protection Program  
Temporary Food Establishment Operations

## Are You Ready?

*Use this guide as a checklist to verify compliance with MA food safety regulations.*

- Application**      Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

### FOOD & UTENSIL STORAGE AND HANDLING

- Dry Storage**      Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
- Cold Storage**      Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.
- Hot Storage**      Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.
- Thermometers**      Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
- Wet Storage**      Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
- Food Display**      Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.
- Post consumer advisories for raw or undercooked animal foods.
- Food Preparation**      Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food.
- Protect all storage, preparation, cooking and serving areas from contamination.
- Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

### PERSONNEL

- Person in Charge**      There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
- Handwashing**      A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
- Health**      The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

- Hygiene** Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

## CLEANING AND SANITIZING

- Warewashing** A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.  
  
The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.
- Sanitizing** Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.
- Wiping Cloths** Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

## WATER

- Water Supply** An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.
- Wastewater Disposal** Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

## PREMISES

- Floors** Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.
- Walls & Ceilings** Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.
- Lighting** Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.
- Counters/Shelving** All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.
- Trash** Provide an adequate number of cleanable containers inside and outside the booth.
- Restrooms** Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.
- Clothing** Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

### Need more information on food safety and MA food regulations

[www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp)

Retail Food Information

[http://www.umass.edu/umext/nutrition/programs/food\\_safety/resources/index.html](http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html)

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

[www.foodsafety.gov](http://www.foodsafety.gov)

Gateway to Government Food Safety Information



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
Contact Person: _____	Phone #: _____

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)