



City of Woburn, Massachusetts

Board of Health

10 Common Street

Woburn, MA 01801

781-897-5920

781-897-5929 (fax)

TEMPORARY FOOD SERVICE APPLICATION

\$5.00 PER EVENT/ PER UNIT/ PER DAY

Applicant: _____	Title: _____	
Phone: _____	Cell Phone: _____	Email: _____
Address of Applicant: _____		
Name of Owner/Vendor: _____	Type of Vendor: _____	
(Church, Organization, Business, etc.)	(pushcart, booth, tent, table, etc.)	

Name of Event: _____	Location: _____	
Dates of Event: _____	Times of Event: _____	
Event Coordinator (if applicable): _____	Phone: _____	Email: _____
Sponsor of Event (if applicable): _____		

FOOD TO BE SERVED:

List all food that will be served and the establishment where the food was purchased:

PREPARATION/COOKING FACILITIES: Will food be prepared and cooked at temporary food service event?

ON SITE: YES NO If yes, describe facilities and equipment: _____

OFF SITE: YES NO If yes, where? (provide name of licensed establishment and phone #) _____

Describe Warewashing facilities for utensils and equipment: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

BOARD OF HEALTH

**** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ****

NOTE - ~~THIS INFORMATION MUST BE COMPLETED~~. If any line is not applicable please write "N/A"

Property Address where permit is sought: _____

Real Estate/Property Owner Name(s): _____

Real Estate/Property Owner(s) Legal Business Name (if any): _____

Real Estate Owner's Residential Address (if different): _____

Telephone Number: _____

Tenant/Lessee Legal Business

Name: _____

Business Owner Personal Name(s) (if any) _____

Owner(s) Address: _____ Telephone Number: _____

Check one: Residential Individual/Sole Proprietor Corporation
 Trust Other _____

~~APPLICANT TO COMPLETE~~ ~~Failure to complete may result in delay of permit processing.~~

*Parcel which directly relates to the application filed for which certification is sought. (This numeric I.D. can be found: <http://data.visionappraisal.com/WoburnMA/>, on a tax bill, at the Building or Assessors offices).

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

~~REQUIRED: Do Real Estate owners and/or tenants own or have a beneficial financial interest in any other real estate properties~~ within the city of Woburn? **Circle one: NO YES**

A beneficial interest can be as an individual, partnership, trust, LLP, etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____

Map _____ Block _____ Lot _____

I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date Signature of Applicant Property Owner or Tenant-- (Not contractor)

Title Print Name

~~For Office Use Only~~ CERTIFICATION OF TREASURER/COLLECTOR

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

Certification Date

EXPIRES: _____
(Residential Only)

Treasurer/Collector



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. 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]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*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 #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____



**City of Woburn
Board of Health**

**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 Woburn Board of Health a minimum of 1 WEEK prior to the event with the \$5.00 permit fee (unless otherwise instructed).
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FOOD & UTENSILS STORAGE AND HANDLING

- Dry Storage** Keep all food, equipment, utensils and single service items stored above the floor/ground on pallets or shelving, and protected from contamination.
- Cold Storage** Keep potentially hazardous foods (PHF's) at or below 41°F. An effectively insulated container with sufficient coolant may be used at events of short duration. Store PHF's in separate containers with tight fitting lid.
- Hot Storage** Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F. (i.e. chafing dishes with sterno flame)
- Thermometers** Use a food thermometer to check temperatures of both hot and cold potentially hazardous food. *Have thermometer on site during the event.
- Food Display** Protect food from customers handling, coughing, and sneezing by using sneeze guards, wrapping food, or other effective barriers.
- Consumer Advisory** Post consumer advisories for raw or undercooked animal foods, if you will be preparing meat, fish, poultry, or eggs cooked to order.
- 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.

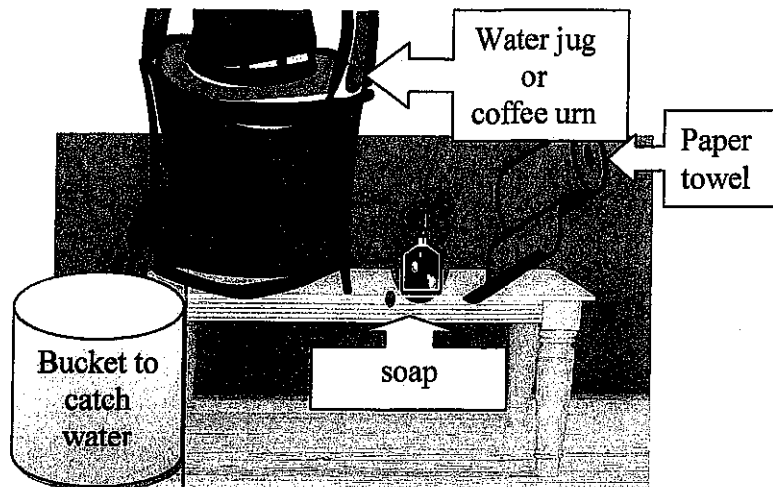
All prepared foods must be prepared onsite in a licensed food establishment, not at home. Provide a copy of food permit of licensed food establishment and letter from operator granting you permission to use facility for this purpose if you are not the permit holder.

PERSONNEL

- Person in Charge** There must be one designated person in charge at all times responsible for compliance with regulations and trained in food safety.

Handwashing

A convenient handwashing facility must be available for employee handwashing whenever handling unpackaged foods. This sink shall have warm running water, soap and paper towels. A temporary handwashing station should be assembled if needed (see figure below).



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 area.

CLEANING AND SANITIZING

Sanitizing

Use a chlorine bleach or Quat sanitizer for sanitizing food contact surfaces, equipment and wiping cloths. Store the sanitizer in a spray bottle or bucket that is labeled "sanitizer". Appropriate test strips should be on hand at all events. Food contact items (pots, pans, utensils) may also be transported back to the licensed food establishment to be cleaned and sanitized there after the event.

WATER

Water Supply

An adequate supply of water shall be on site and obtained from an appropriate source. Water storage at the booth or cart shall be approved storage containers.

Wastewater Disposal

Disposal of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth or cart.

PREMISES

Trash

Provide an adequate number of lined and covered trash receptacles inside and outside the food booth or cart.

Restrooms

Ensure you have access to a toilet with handwashing facilities. The person running the event should provide these facilities for you.

Clothing

Store personal clothing and belongings in a designated place in the booth or cart, away from food preparation, food service and warewashing areas.

Need more information on food safety and the MA food safety regulations?

www.state.ma.us/ffp/retail

MA Retail Food Safety Information

www.foodsafety.gov

Gateway to Government Food Safety Information