

**FOR BOARD OF HEALTH USE ONLY**

Check# \_\_\_\_\_ Fee Paid \_\_\_\_\_ Approved By \_\_\_\_\_ Permit #: \_\_\_\_\_

**TOWN OF WAYLAND**

**Annual Temporary Food Service at Lavin's**

*(Application must be submitted at least 30 days before the planned opening date.)*

Check off and attach the following documentation:

Check **\$100.00** made payable to Town of Wayland \_\_\_\_\_ Workers Comp Dec Pg \_\_\_\_\_ Serve Safe Cert \_\_\_\_\_ Allergen Awareness Cert \_\_\_\_\_ Menu \_\_\_\_\_ Food Establishment License \_\_\_\_\_ Residential Kitchen License \_\_\_\_\_ ALL Packaged Food Labels \_\_\_\_\_

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Telephone No:	Fax No:															
4) Establishment Mailing Address (if different):																
5) Telephone No. at Mailing Address:	Fax No:															
6) Applicant Name & Title:																
7) Applicant Address:																
8) Applicant Telephone No:	24 Hour Emergency No:															
9) Applicant email address:																
10) Owner Name & Title (if different from applicant):																
11) Owner Address (if different from applicant):																
12) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	13) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address												
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14) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)																
Name & Title:																
Address:																
Telephone No:	Fax No:															
Emergency Telephone No:																
<b>Email Address:</b>																
15) District Or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax No:															
<b>Email Address:</b>																

## Food Establishment Information

<b>16) Water Source:</b> DEP Public Water Supply No: ( <i>if applicable</i> )		<b>17) Sewage disposal/Pumper Information:</b>			
<b>18) Days and Hours of Operation:</b>		<b>19) No. of Food Employees:</b>			
<b>20a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs) if potentially hazardous foods are being served (Farmer's Market language)v 2/22/12: <i>Include copy of certificate</i></b>					
<b>20b) Name of Person and Date of Allergy Video Certification (5 yrs): <i>Include copy of certificate</i></b>					
<b>20c) Person licensed by city, town or state and expiration date of license: <i>Include copy of license</i></b>					
<b>21c) N/A</b>					
<b>22) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		<b>23) Establishment Type</b> (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Retail ( _____ Sq. Ft)  <input type="checkbox"/> Food Service – ( _____ Seats)  <input type="checkbox"/> Food Service – Takeout  <input type="checkbox"/> Food Service – Institution                      ( _____ Meals/Day)                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Caterer  <input type="checkbox"/> Food Delivery  <input type="checkbox"/> Residential Kitchen for Retail Sale  <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home  <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments  <input type="checkbox"/> Frozen Dessert Manufacturer                 </td> </tr> </table>		<input type="checkbox"/> Retail ( _____ Sq. Ft) <input type="checkbox"/> Food Service – ( _____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution ( _____ Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer
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<b>24) Length Of Permit:</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		<b>Other (Describe)</b>			
<b>25) Food Operations:</b> (check all that apply):		<b>Definitions:</b> <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHFs – non- potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>			
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order				
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.				
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill			
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service				
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.			
<input type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service			
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities					
<b>Other (Describe):</b>					

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.

26) Signature of Applicant: \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid state taxes required under law.

27) Social Security Number or Federal ID: \_\_\_\_\_

28) Signature of Individual or Corporate Name: \_\_\_\_\_



35) Food Sources \_\_\_\_\_

Source & Storage of Water/Ice \_\_\_\_\_

Storage & Disposal of Wastewater \_\_\_\_\_

Storage & Disposal of Garbage \_\_\_\_\_

36) PLAN REVIEW: A) Describe here the floor, wall and ceiling surfaces:

B) Draw in the booth layout and identify all equipment including hand washing facilities, dishwashing facilities, ranges, refrigerators, worktables, food/single service articles, storage, etc.

37) A) Will you be doing any sampling? Yes \_\_\_ No \_\_\_

B) Which items will you sample? \_\_\_\_\_

C) Where will the sampled items be prepared? \_\_\_\_\_

D) How will you ensure temperature control if PHF? \_\_\_\_\_

E) How will you prevent customer hand contact (tongs or portion cups, other)? \_\_\_\_\_

F) How will you prevent airborne contamination (cover or sneeze guard)? \_\_\_\_\_

