

FOR BOARD OF HEALTH USE ONLY App #: _____

Check# _____ Fee Paid _____ Approved By _____

Permit #: _____

Receipt # _____

TOWN OF WAYLAND

Food Establishment Permit Application

Temporary Food Service Event HOST

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

Application fee is **\$35.00**; make check payable to Town of Wayland; payment must accompany Application. A completed Workers Comp Affidavit as well as a Workers Comp Declaration Page, if required, must be attached to this Application.

Name of Event and Location:

Dates of Event:

Hours of Operation:

Menu: Attach or list ALL items. Any changes must be submitted and approved by the Board of Health at least 10 days prior to the event.

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):

Email:

12) Establishment Owned By:

- An association
- A corporation
- An individual
- A partnership
- Other legal entity _____

13) If a corporation or partnership, give name, title, and home address of officers or partner.

Name Title Home Address

Food Establishment Information

25) Food Operations: <i>(check all that apply):</i>	Definitions: <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHF’s – 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-PHF’s	<input type="checkbox"/> PHF Cooked To Order	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF’s	<input type="checkbox"/> Preparation Of PHF’s For Hot And Cold Holding For Single Meal Service.	
<input type="checkbox"/> Delivery of Packaged PHF’s	<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-PHF’s	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

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: _____

32) Food Sources _____

Source & Storage of Water/Ice _____

Storage & Disposal of Wastewater _____

Storage & Disposal of Garbage _____

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

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

34) 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)? _____
