		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.

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	nt):		
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 ap	plicant):		
11) Owner Address (if different from applica	nnt): 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

	1 000 Establishinent inform	ation	
14) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)			
Name & Title:			
Address:			
Telephone No:		Fax No:	
Emergency Telephone No:			
Email Address:			
15) District Or Regional Superv	risor (if applicable)		
Name & Title:			
Address:			
Telephone No:		Fax No:	
Email Address:			
16) Water Source:		17) Sewage disposal:	
DEP Public Water Supply No: (if annlicable)		
DEI Tublic Water Supply No. (п аррпсаме)		
18) Days and Hours of Operation	on:	19) No. of Food Employees:	
 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: Include copy of certificate 20b) Name of Person and Date of Allergy Video Certification (5 yrs): Include copy of certificate 20c) Person licensed by city, town or state and expiration date of license: Include copy of license 			
21) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more (2yrs)):			
22) Location: (check one) Permanent Structure Mobile 24) Length Of Permit: (check one) Annual Seasonal/Dates: Temporary/Dates/Time:	23) Establishment Type (check all that apply) Retail (Sq. Ft) Food Service – (Seats) Food Service – Takeout Food Service – Institution (Meals/Day) Other (Describe)	 Caterer Food Delivery Residential Kitchen for Retail Sale Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast Establishments Frozen Dessert Manufacturer 	

Food Establishment Information

25) Food Operations:	Definitions:		food (no time/temperature controls required)
(check all that apply):		RTE - ready-to-eat foods (Ex. sandwiche	es, salads, muffins which need no further processing)
Sale of Commercially Packaged Non-PHFs	re-	PHF Cooked To Order	
□ Sale of Commercially P Packaged PHFs	Pre-	Cold Holding For Single Meal Service.	
□ Delivery of Packaged P	PHFs 🔲	Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	□ Vacuum Packaging/Cook Chill
Reheating of Commerce Processed Foods For S Within 4 Hours.	Service	Customer Self-Service	
 Customer Self-Service PHF and Non-Perishab Only. 		Ice Manufactured and Packaged for Retail Sale	 Offers Raw Or Undercooked Food Of Animal Origin.
☐ Preparation Of Non-PH	Fs	Juice Manufactured and Packaged for Retail Sale	 Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):		Offers RTE PHF in Bulk Quantities	
		Retail Sale of Salvage, Out-of Date or Reconditioned Food	
establishment operation of Health on how to obtain	will comply win copies of 10	cy of the information provided in this a ith 105 CMR 590.000 and all other appl 05 CMR 590.000 and the federal Food C	icable law. I have been instructed by the Board Code.
		, I certify under the penalties of per paid state taxes required under law	rjury that, to my best knowledge and belief, I
27) Social Security Nu	mber or Fed	eral ID:	
28) Signature of Indivi	dual or Corn	orate Name:	

Event Information TOWN OF WAYLAND

Food Establishment Permit Application Temporary Food Service

Temporary Food Service
(Application must be submitted at least 30 days before the planned opening date)

Food Item: Thaw Cut/Assemble Cook Cool Cold Reheat Hot Holding Participation of the Cook Reheat Holding Participation of the Cook Reheat Hot Holding Participation of the Cook Reheat Hot Holding Participation of the Cook Reheat Hot Holding Participation of the Cook Reheat Holding Participation of	ctions 30 and				
Holding Holding Pa	0) List each potentially hazardous food item and for each item check which preparation procedure will occur at the pproved kitchen:				
	ortion ackage				
31) List each potentially hazardous food item and for each item check which preparation procedure will occur a approved booth:	t the				
	ortion				

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:		
	Draw in the booth or truck layout and identify all equipment including hand washing facilities, dishwashing facilities, ges, 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)?		