

Health Department
71 Mt. Vernon Street
Winchester, MA 01890
Tel: 781-721-7121
healthdept@winchester.us



To be completed by the Health Department

Total Permit Fee: _____
Date fee received: _____
Payment method: _____

Application to Operate a Temporary Food Concession TOWN DAY - \$50

Name of Event: _____

Date/Time of Event: _____

Location of Event/Booth: _____

Name of Concession (Business Name) and Owner: _____

If you are a permitted food establishment in another Town/City, you MUST submit a copy of your permit with this application.

Address: _____ Phone #: _____

Name of Person In Charge (PIC) of food safety at event: _____

Phone # of PIC: _____ Email: _____

1. Will you be cooking on-site? Yes No
If yes, how (grill, steamer, etc)? _____

*NOTE: Propane tanks and generators require Fire Department approval.

2. If NO, where will food be prepared, cooked and stored prior to the event?

Name of establishment: _____

Address: _____ Phone #: _____

3. How will you keep cold foods cold (41°F or less)?: _____

4. How will you keep hot foods hot (135°F or more)? _____

5. Will you be reheating previously cooked food? Yes No. If yes, what food and how? _____

6. Describe the handwashing facilities in your concession: _____

7. How will you avoid bare hand contact with food? _____

8. What is your plan if any of your food service utensils fall on the floor or ground?

9. List all food and beverage items that will be served:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

10. Where will food be stored prior to event? _____

11. Will you be offering samples? If yes, describe set up: _____

Signature of Applicant: _____ Date: _____

Print name: _____