



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

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APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Event:

Event Name _____ Event Date/s _____
Address _____ Number of Days _____

Person in Charge: (Attach copy of certification)

Name _____ Certification Date _____
Address _____ Phone _____

Establishment/Food Vendor:

Name _____ Phone _____
Address _____

Foods: (List all foods to be Served)

PHF – Thermometers required

Place of preparation (must be a permitted kitchen) _____

Method of Hand Washing/Sanitizing _____

Method of No-Bare-Hand contact with Ready-To-Eat foods _____

Method of keeping cold food below 41° F _____

Method of keeping hot food above 140° F _____

- All food contact services must be sanitized and kept clean at all times.
- No Bare-Hand-Contact with Ready-To-Eat foods.
- All food must be protected from contamination and stored at least 6 inches off the ground.

Number of Days _____ X \$50/Day = Total Fee: _____

****Attach a plan sketch of food preparation and display area/booth****

I certify that I am familiar with 105 CMR 590.00 Minimum Sanitation Standards for Food Establishments-Article X and the Federal Food Code. The above described establishment will be operated and maintained in accordance with these regulations.

Signature _____

Date _____