

**WENHAM BOARD OF HEALTH**  
**SEASONAL FOOD SERVICE PERMIT APPLICATION**  
**Application and fee are due 30 days prior to the first event.**

**Fee: \$60 (4 month season) Check No.** \_\_\_\_\_ *(For Office Use Only)*

Name of establishment: \_\_\_\_\_

Owners/Operators name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Dates of season start and end (4 month period or less) \_\_\_\_\_

Mailing Address of Firm: \_\_\_\_\_

Type of establishment:    Restaurant \_\_\_\_\_    Retail \_\_\_\_\_    Mobile/Truck \_\_\_\_\_

**Please attach the following documentation:**

- **Attach a list including all events including date/time, location, and date/time of when ready for inspection.**
- Please list licenses, permits, or registrations issued by state or federal agencies:
- Floor plan (attach diagram) of establishment including hand washing sinks and bathrooms:
- Names and positions of employees trained and certified in choke-saving technique: (attach copies of certification)
  
- Names and positions of certified food handlers: (attach copies of certification)
  
- Describe your insect/rodent control program, including the name and address of exterminator and how many times a month the establishment is serviced.
  
- Menu: Attach or list all items and sources. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event (see page two)

*(For Office Use Only)*

Date of application receipt: \_\_\_\_\_

Date of Permit approval: \_\_\_\_\_

Will all foods be prepared at the temporary food service booth? \_\_\_\_\_ **YES** - Fill out **Section B** below

\_\_\_\_\_ **NO** - Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.  
 - Fill out both **Sections A and B** below.

1. List each potentially hazardous food item, and for each item check which preparation procedure will occur. **SECTION A: At the approved kitchen:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

**SECTION B: At the booth:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

**Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet**

Where will food be purchased?

5. How will food be transported and stored: \_\_\_\_\_
6. Source and storage of water/ice: \_\_\_\_\_
7. Storage and disposal of wastewater: \_\_\_\_\_
8. Storage and disposal of garbage: \_\_\_\_\_
9. Plan Review:

A. Draw in the location and identify all equipment including **handwash facilities**, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: \_\_\_\_\_

**All seasonal food service establishments must receive all necessary permits from the Fire Department prior to the date of the first event.**

I, the undersigned, have obtained and reviewed Chapter X of the State Sanitary Code.

\_\_\_\_\_ Date \_\_\_\_\_

*(For Office Use Only)*

Permitting completed with Fire Department as of \_\_\_\_\_