



TOWN OF TEWKSBURY
HEALTH DEPARTMENT
 1009 MAIN STREET
 TEWKSBURY, MASSACHUSETTS 01876
 Main Line: 978.640.4470 Fax: 978.640.4472
 health@tewksbury-ma.gov

Fee \$ 50.00

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment	Operator
Contact Telephone and Email Address	
Name of Event/location	Date(s) of Event/Hours of Operation
Operator Mailing Address	

ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:

1. If you are **not** licensed with the Tewksbury Health Department, attach a copy of your current food permit.
2. Attach a copy of food safety and allergen awareness certificates of your representative who will be present at the event.
3. Menu: Attach or list all items. (Menu **must** be submitted and approved by the Health Department within **7 days prior to the event.**)
4. Mobile trucks/carts must begin and end the day at a licensed food establishment (please provide commissary information). If applicable, please provide Hawkers and Peddlers license from the State. Ice cream truck operators will also need a special permit from the local Police Department.
5. Check made payable to the "Town of Tewksbury"

List each time temperature controlled food item and for each item check which preparation will occur

Section A: at the approved kitchen

	Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1									
2									
3									

Section B: at the event

	Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1									
2									
3									

Note: If your food preparation does not fit these charts; please list all of the steps in preparing each menu item on an attached sheet.

7. Food Source(s): _____

Source and storage of water/ice: _____

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments – Chapter X, 2013 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

Applicant Signature _____ Date _____