



TOWN OF WELLFLEET
Health & Conservation Department
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Wellfleet, MA 02667
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**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT (TFE)
PERMIT**

Fee: \$25.00 per day of event

Directions: The operator of each TFE site must complete this application. The application must be completed and submitted to the Health Department at least 14 days prior to an event involving 5 or fewer booths and 30 days prior to an event involving more than 5 food booths. In addition to this application, each operator must provide a drawing of their temporary food establishment (Sheet 1) and a drawing of the entire event area depicting their TFE site in relation to the potable water supply, electrical sources, waste water disposal area, lavatories, etc., as well as all food service preparation and service areas at the event (Sheet 2).

Date of Submission _____

Name of Temporary Food Establishment _____

Owner / Operator _____

Mailing Address _____

Phone # _____ Phone # during event _____

Person in Charge _____

Provide copy of food protection manager certificate.

Name of Event/Location _____

Date(s) of Event _____ Hours of Operation _____

Date and Time TFE will be set up and ready for inspection _____

BASE OF OPERATION

Name: _____

Address: _____

City/Town: _____

Telephone: _____ Owner/Manager _____

Type of establishment: _____

Provide a copy of food service license for base of operation located outside the Town of Wellfleet

FOOD: MENU AND SOURCES

Attach a menu or list **all** items to be prepared and served. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted and approved by the Health Department at least 10 days prior to the event.) _____

List all food sources (including ice and water) _____

FOOD: PREPARATION

Will all foods be prepared at the TFE site?

- _____ Yes (complete attachment A)
- _____ No (complete attachment A & B)

Describe what foods will be prepared and how they will be prepared.

Describe below how food will be transported from the base of operation and the procedure for keeping potentially hazardous food below 40°F or above 140°F during transport _____

How will foods be maintained below 40°F?
(Prepackaged foods may be stored in contact with water or undrained ice so long as they remain at or below required temperature.)

How will foods be maintained at or above 140°F? _____

How will food temperatures be monitored during the event? _____

***Using Attachment C, record the names, phone numbers, shifts to be worked during the event, assigned duties, licenses held of all temporary food service workers (paid and volunteers).**

CLEANING AND SANITIZING

Describe the number, location, and set up of hand washing facilities to be used by the TFE workers: _____

How will utensils and surfaces be cleaned and sanitized (be specific)? _____

Sanitizing agent _____ Concentration _____ ppm

WATER SYSTEM/ WASTE RETENTION

Describe how and where rubbish will be collected, stored, and disposed of: _____

Describe how and where wastewater from handwashing and utensil washing will be collected, stored, and disposed of: _____

FACILITY

Describe the floors, walls, and ceiling surfaces: _____

Describe the lighting within the TFE: _____

OTHER

Please add any additional information about your temporary food establishment that should be considered: _____

I, hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Department may nullify final approval.

Signature

Date

Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed establishment. A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Pursuant to M.G.L. Chapter 62c, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Officer

Date

SHEET 1
Drawing of Temporary Food Establishment

In the following space, provide a drawing of the temporary food establishment. Identify and describe all equipment including: cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

SHEET 2
Drawing of Event Area

In the following space, provide a drawing of the entire temporary event area including: locations of the toilet facilities, garbage facilities, common use dishwashing facilities, the potable water supply, electrical sources, the waste water disposal area, and all food preparation and service areas on the grounds / site of the temporary food event.

