



# Town of Orleans

## Board of Health Application Form

19 School Road, Orleans, MA 02653

health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

### Temporary Food Permit Application Form

Applicant Name	
Applicant Phone Number	
Applicant Email	
Applicant Mailing Address	

Organization Name	
Organization Phone Number	
Organization Mailing Address	

Is the organization a non-profit organization?

Yes

No

If yes, tax exempt number (required): \_\_\_\_\_

Event Date	
Event Name	
Event Location	
Person in Charge	
Certified Food Protection Manager	
Person Trained in Anti Choking	

**Does the operation include one or more of the following (please answer each question as it pertains to the proposed temporary food event):**

Prepares, offers for sale, or serves potentially hazardous food?

Yes

No

If you answered yes to the above, please answer the following three questions:

1. Only to order upon a consumer's request?

Yes

No

2. In advance, in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency?  
 Yes  No
3. Using time as a public health control as specified under §3-501.19  
 Yes  No

Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing,  
 Yes  No

Prepares food for delivery and consumption at a location off the premises of the food establishment where it is prepared  
 Yes  No

Prepares food for service to a highly susceptible population?  
 Yes  No

Prepares only food that is not potentially hazardous, or does not prepare, but offers for sale only prepackaged food that is not potentially hazardous  
 Yes  No

**Permit/s required for your establishment (check one):**

- Temporary Food Service: \$75.00 fee  
 Temporary Food Service (Non-profit): No fee

**PERMITS ARE NOT TRANSFERABLE FROM A PERSON OR A PLACE**

I attest that the information provided in the application is accurate. I also understand that I am obligated to comply with the provisions of both the State and Federal Food Code and I shall allow the Board of Health, and its Agents, access to the establishment as specified under § 8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date