

**Town of Belchertown
Board of Health**

Lawrence Memorial Hall 2 Jabish Street
P.O Box 670 Belchertown, MA 01007-0670
Ph # (413)320-0406

Permit Fees Are As Follows:

Temporary (ONE DAY) Food Permit	\$25.00
Temporary (<i>up to 7 days</i>) Food Permit	\$25.00
Annual Mobile or Pushcart Permit	\$100.00

Make Checks payable to "The Town of Belchertown"

Office Use Only

Permit#: _____
Fee Paid: \$ _____
Check # _____
Date: _____

Completed Applications MUST be submitted at least (7) seven business days prior to the event

Temporary/Mobile Food Permit Application

Business Name: _____

Business Address: _____

Telephone #: _____

Email Address: _____

Name of Owner or Person In Charge: _____

Name of Base of Operations #: _____

Base of Operations Phone#: _____

Base of Operations Address: _____

Date(s) and Time of Function: _____

Name of Function: _____

Address of Function: _____

Permit Type (Check One):

_____ Mobile Food Unit – A truck, wagon or other vehicle, trailer, stand or pushcart designed, equipped and operated as a movable food establishment. If applicable, please attach copy of your Hawkers/Peddlers License. For more information visit: <https://www.mass.gov/hawker-and-peddler>

_____ Temporary Food – A provisional food establishment operating at a fixed location in conjunction with an event or celebration.

List below or attach list separately of the sources of TCS foods (where they will be purchased or prepared) and attach copy of proposed menu:

Describe mobile unit / equipment:

of Food Handlers: _____
Means for Garbage Disposal: _____
Hand Washing Facilities: _____ YES _____ N/A
Toilet Facilities Present: _____ YES _____ N/A
Cold Holding Units: _____ YES _____ N/A

Describe measures to protect TCS and Non-TCS foods during storage, transportation and display:

Please attach a sketch or photo of the floor plan for your mobile truck/trailer or booth.

*****IMPORATANT – PLEASE NOTE*****

NO TIME AND/OR TEMPERATURE CONTROLLED FOR SAFTEY (TCS) FOOD WILL BE ALLOWED TO BE SOLD TO THE PUBLIC UNLESS THE VENDOR IS EQUIPPED WITH HOT WATER, HAND WASHING FACILITIES, COLD AND/OR HOT HOLDING UNITS, SANITIZERS AND THERMOMETERS. NO TCS FOOD MAY BE STORED OR PREPARED IN PRIVATE RESIDENCES IF FOOD IS TO BE SOLD TO THE PUBLIC.

TCS FOOD ARE THOSE WHICH CONTAIN, IN WHOLE OR IN PART, OF DAIRY PRODUCTS, CUT VEGETABLES, CUT FRUITS, EGGS, MEAT, POULTRY, FISH OR SHELLFISH. FOODS WITH A Ph LEVEL OF 4.6 OR BELOW, A WATER ACTIVITY VALUE OF 0.85 OR LESS, OR FOODS IN HERMITICALLY SEALED CONTAINERS AND CERTAIN COTTAGE FOODS ARE EXCLUDED FROM THIS DEFINITION.

DEPENDING ON YOUR PROPOSED OPERATION, YOU MAY NEED A BASE OF OPERATIONS AKA “COMMISSARY” TO STORE AND PREPARE TCS FOOD. IN THIS CASE, YOU MUST ATTACH A LETTER OF AGREEMENT FROM YOUR BASE OF OPERATIONS ALONG WITH THEIR CURRENT PERMIT TO OPERATE. IN ADDITION, ATTACH COPIES OF CURRENT FOOD PROTECTION CERTIFICATION AND ALLERGEN AWARENESS CERTIFICATION.

SUBMIT APPLICATION, FEE AND OTHER DOCUMENTION LISTED ABOVE TO BOARD OF HEALTH OFFICE AT LEAST **SEVEN (7) BUSINESS DAYS** PRIOR TO DATE OF FUNCTION.

INCOMPLETE OR LATE APPLICATIONS MAY BE REJECTED.

AFTER APPROVAL OF THIS APPLICATION, AN INSPECTION OF YOUR UNIT WILL BE REQUIRED PRIOR TO OPERATION.

For specific requirements for your operation, please view the Pre-Operational Guidance Documents and Checklists prior to scheduling an inspection with our office. Please call the Health Department at (413)967-9615 with any questions.

I agree to comply with the terms of the issued permit and with all applicable rules and regulations of the Minimum Sanitization Standards for Food Establishments (105 CMR 590.000) and the Federal Food Code. I acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with these terms. If violations are found corrective actions must be taken immediately.

Print Name

Signature

Date

For Office Use Only:

Date of Review: _____

Board of Health Staff: _____

Permit Granted: _____ **Conditions:** _____

Permit Denied: _____ **Reasons:** _____