

**Lincoln Health Department**

16 Lincoln Road  
Lincoln, MA 01773  
(781)259-2613



# Application for Temporary Food Establishment

\$ 50 – fee (check made payable to Town of Lincoln)

Name of Establishment \_\_\_\_\_

Name of Event/Location \_\_\_\_\_

Date(s) of Event Hours of Operation \_\_\_\_\_

Operator Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Operator Mailing Address \_\_\_\_\_

1. Attach a menu or list **all** items that will be served. Any changes must be submitted and approved by the Board of Health at least 7 days prior to event.

\_\_\_\_\_

\_\_\_\_\_

2. Will all foods be prepared at the Temporary Food Service Booth?

Yes Complete **Section B**

No Attach a copy of the food permit & agreement for use of another approved kitchen giving dates and times.

Complete **Sections A and B**

## Section A – Approved Kitchen

List each potentially hazardous food item and for each item check which preparation procedure will occur.

<b>Food Item</b>	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

Name of Approved Kitchen these procedures will take place \_\_\_\_\_

**Please explain method of transport. How will food be maintained hot or cold?**

\_\_\_\_\_

**Section B – At the Booth**

List each potentially hazardous food item and for each item check which preparation procedure will occur.

<b>Food Item</b>	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package

- **Note: If your food preparation cannot fit on these charts, please list all of the steps taken to prepare each menu item on a separate sheet and attach it to this form.**

4. Food source(s): \_\_\_\_\_

Source of storage of water/ice: \_\_\_\_\_

Storage and disposal of wastewater: \_\_\_\_\_

Storage and disposal of garbage: \_\_\_\_\_

Will there be electricity available? \_\_\_\_\_

Are there restroom facilities? \_\_\_\_\_

## Plan Review

**PLEASE SKETCH THE TEMPORARY FOOD BOOTH. 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.)**

Describe floor, wall, and ceiling surfaces:

**I certify that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X., Federal Food Code 1999 and that the described establishment will be operated and maintained in accordance with the regulations.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**