TEMPORARY FOOD SERVICE Vendor APPLICATION

FEE \$25 - Not Required for Farmer's Market

NAME OF FOOD ESTABLISHMENT*:			_	
PHONE*				
NAME OF OWNER*:				
ADDRESS*:				
Home CITY*:	STATE*:	ZIPCODE*:	-	
EMAIL ADDRESS:				
NAME OF EVENT*: Marblehead Fa	armers' Market			
EVENT COORDINATOR* : Steve Fo	<u>owler</u>			
EVENT ADDRESS* : 217 Pleasant	St			
DATE/TIME OF EVENT*: Sat May	31 - Nov 22 9am-noon			
SIGNATURE OF APPLICANT*:				
LIST ALL FOOD/BEVERAGES THAT PURCHASED. IF SHELLSTOCK IS UTI ITEMS AND LOCATION PURCHASED:	LIZED, PLEASE HAVE CO	OPIES OF TAGS AVAI	LABLE FOR INSPECTION.	
			_	
PREPARATION/COOKING FACIL ON SITE: YES NO N/A, IF YE		S AND EQUIPMENT:		
OFF SITE : YES, IF YES, WHERE?				
TYPE OF TABLEWARE: PAPER PROI	DUCTS	CHINA		
Continued on back or next page				

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:
ON SITE:
OFF SITE:
FOOD PROTECTION: DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW):
REFRIGERATION: REQUIRED NOT REQUIRED METHOD OF REFRIGERATION/THERMOMETERS:
TYPE OF COOKING/HOTHOLDING EQUIPMENT:
DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY INCLUDYING TYPE OF SANITIZER:
SAMPLING: VENDOR TO USE SINGLE SERVING CUPS, NAPKINS AND/OR UTENSILS. ALLERGEN ADVISORY TO BE POSTED.
GARBAGE AND RUBBISH: DESCRIBE MEANS FOR STORAGE AND DISPOSAL:
PERSONNEL AND FOOD HANDLING PRACTICES: NUMBER OF FOOD HANDLERS: LOCATION OF HANDWASHING FACILITIES: Next to Storage Trailers (see Coordinator's map) LOCATION OF TOILET FACILITIES: Next to Storage Trailers (see Coordinator's map) HAIR RESTRAINTS PROVIDED: YES NO DISPOSABLE GLOVES PROVIDED: YES NO
Also SUBMIT: FOOD PERMIT FOR THE BASE OF OPERATION, SERVSAFE AND

ALLERGEN CERTIFICATES FOR STAFF.