

# 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 Farmers' Market

EVENT COORDINATOR\*: Steve Fowler

EVENT ADDRESS\*: 217 Pleasant St.

DATE/TIME OF EVENT\*: Sat May 30 - Nov 21 9am-noon

SIGNATURE OF  
APPLICANT\*: \_\_\_\_\_

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS  
PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.  
ITEMS AND LOCATION PURCHASED:

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## PREPARATION/COOKING FACILITIES:

ON SITE: YES \_\_\_ NO \_\_\_ N/A\_\_\_, IF YES, DESCRIBE FACILITIES AND EQUIPMENT:

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OFF SITE: YES \_\_\_, IF YES, WHERE?

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TYPE OF TABLEWARE: PAPER PRODUCTS \_\_\_\_\_ CHINA \_\_\_\_\_

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**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/HOLDING EQUIPMENT:** \_\_\_\_\_

\_\_\_\_\_

**DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION,  
STORAGE AND DISPLAY INCLUDING 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.