



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Temporary or Seasonal Food Establishment Permit Application

***If applying for a mobile or permanent (brick and mortar) food permit, please use the required application forms. This application is for temporary or seasonal food permits.

Date: _____

Type of Application: ☐ Temporary (no more than 14 consecutive days in conjunction with a single event)
☐ Seasonal (valid for up to 6 months for specified events)

Business/ Organization Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Person-in-Charge (PIC) and Supervisor Information:

Name of the person in charge of food operations during event(s): _____

Phone Number: _____ Email: _____

Event Information

Name(s) of the Event(s): _____

Date(s) and Times of Event(s): _____

Address/ Location of Event(s): _____

Name of Event Coordinator(s): _____

Phone Number: _____ Email: _____

Base of Operation Information:

Do you have a base of operation? ☐ Yes- submit copy of food permit ☐ No

When and where will food item(s) be prepared/ cooked: _____

Menu and Event Operation Information:

List all food item(s) offered at event(s) or submit a menu: _____

How and where will food items be stored and held: _____

How will TCS food items be held cold (41°F or below): _____

How will TCS food items be held hot (135°F or above): _____

How will TCS food items be cooked: _____

Will there be overhead cover? ☐ Yes – Type: _____ ☐ No

Will ware washing facilities be available? ☐ Yes ☐ No- how will clean utensils be provided: _____

Will a hand washing station be set up at your operation? ☐ Yes ☐ No- explain: _____

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I _____, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

Name (Please Print)

Signature

Submit the following:

- Completed Temporary or Seasonal Food Establishment Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- Make check payable to "Town of Medway"
 - \$20 Temporary Food Permit
 - \$50 Seasonal Food Permit
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Base of Operation Food Permit (if applicable)
- Certified Food Protection Manager Certificate (if applicable)
- Allergen Awareness Certificate (if applicable)