

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: (978) 983-8655

Date(s) of function/event:	Start Date:
Fee: \$40.00	End Date:

APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

It is required by 105 CMR 590.030 that temporary food establishment permit be obtained from this department prior to preparing or serving food for an event or social function. This temporary permit shall not exceed **14 days** (590.012D). Furthermore, compliance with the State Sanitary Code must be demonstrated before a permit is issued.

The following information must be provided:

TYPE OF ESTABLISHMENT (check all that apply) Caterer Mobile Retail Food Push Cart Booth Tent

OWNER/OPERATOR OF FOOD ESTABLISHMENT

Full Name:		Telephone:
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____		
MAILING ADDRESS: Street name and number	City:	State and Zip Code:
E-MAIL ADDRESS:		

APPLICATION/OPERATION NAME

Full Name:		Telephone:
MAILING ADDRESS: Street name and number	City:	State and Zip Code:
E-MAIL ADDRESS:		

Attach a **copy** of Certified Food Protection Manager.

Attach a **copy** of the Current Operating Permit from Base Operations.

LOCATION OF OPERATION: _____

FOODS TO BE SERVED: _____

SETUP TIME: _____

Please note: except for frankfurters, only non-potentially hazardous food items may be prepared or served at these events by pushcart vendors. Mobile food units, other than pushcarts may be allowed to serve other potentially hazardous food items when, in the opinion of the Health Department, there is sufficient protection to prevent health hazards.

I understand that I must comply with the Board of Health regulations governing food establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency. I have obtained a copy of 105 CMR 590.000.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under 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.

In addition, to the completion of this application, an amusement application may be required from the Mayor's Office.

Important: A check payable to "City of Methuen" must accompany this application. In addition, please read, sign and return the enclosed "Guidelines for Vendors" along with this application and check. A copy will be sent back to you along with your permit. Please call the Health Department for an appointment.

Social Security No. or Tax Identification Number:	
Signature of Individual:	Date Signed: