



- OFFICE USE ONLY
- Current food permit
  - Most recent food inspection report
  - Copy of menu
  - Application fee  
\$50/Day | \$100/Year

CITY OF NORTH ADAMS, MASSACHUSETTS

Board of Health

**Temporary Food Event**

Fee amount - \$50 per day or \$100 for multiple events per year

Name of applicant \_\_\_\_\_

Applicant address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant telephone \_\_\_\_\_ Fax number \_\_\_\_\_

Event location name \_\_\_\_\_

Event location address \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_

Estimated number of meals to be served \_\_\_\_\_

Provide a brief description of the menu/items served \_\_\_\_\_

When and how is food prepared? \_\_\_\_\_

How is food transported to event to ensure correct product temperature, hot foods are kept above 140°F and cold foods are kept below 41°F?

**Temporary food information**

Name of business \_\_\_\_\_

Business address and/or base of operations address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone \_\_\_\_\_ Fax number \_\_\_\_\_

**Please provide the following information**

- Proposed menu
- Current food permit
- Copy of local catering permit
- Most recent inspection report
- Copy of Allergen Awareness certificate
- Copy of Certified Food Protection Manager or ServSafe
- Copy of Hawker's License (Mobile food vehicle only)
- Permit fee

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Federal Identification Number \_\_\_\_\_