

TOWN OF WALPOLE

Seasonal Food Service Application for Permit

RETURN COMPLETED APPLICATION TO THE WALPOLE HEALTH DEPARTMENT

Please type or print legibly and complete attached Plan Review Layout.

1. NAME (FOR PERMIT): _____

DAYS/DATES
OF OPERATION: _____

2. LOCATION (if stationary): _____

3. MENU: ATTACH A LIST OF ALL ITEMS TO BE OFFERED FOR SALE. ANY
CHANGES MUST BE APPROVED BY THE HEALTH DEPARTMENT AT
LEAST 7 DAY IN ADVANCE

4. COORDINATORS AND SERVE-SAFE CERTIFIED INDIVIDUALS:
(INCLUDE COPY OF CERTIFICATION AND EXISTING FOOD ESTABLISHMENT PERMIT)

NAME ADDRESS PHONE (work, home, cell)

a. _____

b. _____

5. LIST ALL POTENTIALLY HAZARDOUS FOOD ITEM AND CHECK PREPARATION

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

6. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, and LOCATION):

7. WILL ELECTRICITY BE PROVIDED: _____ YES _____ NO

8. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY:

9. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM:

10. DESCRIBE GARBAGE DISPOSAL:

11.

SIGNATURE

TITLE

DATE

NOTE:

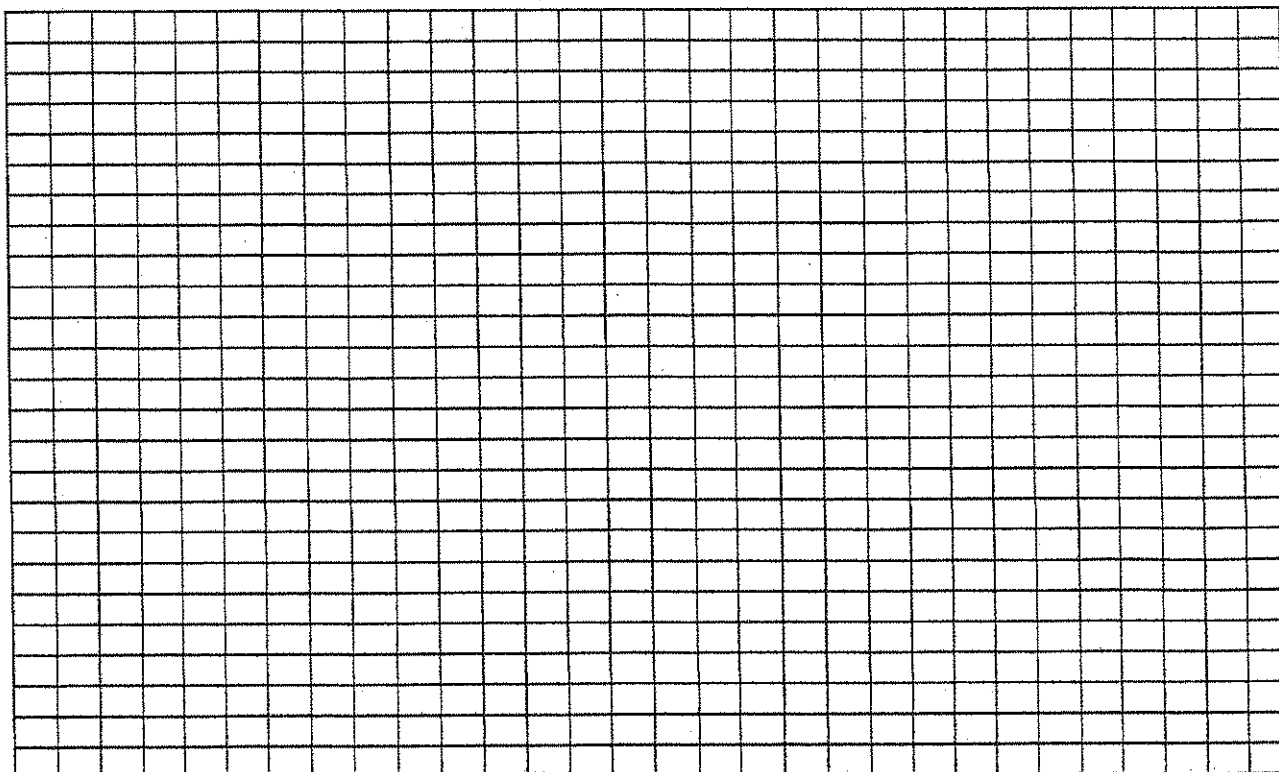
By providing the above information, you will be assisting us in identifying potential public health problems that might occur.

Solving these problems in advance will provide the opportunity for a successful and smooth operation.

Plan Review:

A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: _____



BOARD OF HEALTH COMMENTS:

PERMIT NUMBER _____ APPROVED BY: _____ DATE _____
Copy to Applicant: In Person Mailed Date _____