



TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

TEMPORARY FOOD APPLICATION

Fee \$45 Event/\$70 Year

Establishment/Business/Organization Name _____

Address _____ Phone _____

Name of person responsible for this temporary food operation _____

Address _____ Phone _____

Does your organization currently possess an annual food permit from the Acton Board of Health? Y N

If yes, circle type of permit: Food Service Retail

Name of Event _____

Location of Event _____

Date of Event _____ Time of Event _____ to _____

Source of potable water _____

Method of collecting and disposing of wash water _____

Location of handwashing facilities _____

Location of toilet facilities _____

Method and type of sanitizer used _____

List **ALL** food and beverages to be served, including source of food and brand names (you may need a separate sheet of paper) _____

How do you propose to hold cold potentially hazardous foods below 45°F? _____

How do you propose to hold hot potentially hazardous foods above 140°F? _____

How do you propose to hold raw foods separate from ready-to-eat foods? _____

Please be aware that we are likely to conduct an inspection of the temporary site before the event date.

I have read, and understand, the "Guidelines for Temporary Food Vendors"

Social Sec #/Federal ID #

Signature of Applicant

Date