



***Town of Sheffield***  
***Board of Health***  
***21 Depot Square***  
***Sheffield, MA 01257***

***Voice: 413-229-7000 x 157***

***Fax: 413-229-7010***

***TTY: 800-439-2370***

### **Guidelines for Temporary Food Vendors**

**In order to ensure that safe and sanitary foods are served to the public, your Special Event with Food Service or Temporary Food Establishment permit is issued based on the following conditions:**

- Your permit must be conspicuously displayed on site. Your certified food-handler certificate should be available at the request of the inspector.
- **Only** the foods stipulated in your original application and approved by the Board of Health may be served/sold/or offered for sampling.
- Water and ice **MUST BE** from an approved source. A recent water test (within 30 days of event) may be required.
- All potentially hazardous foods such as chicken, meats, prepared vegetables, dairy, etc. must be maintained either **above 140 degrees F** or **below 41 degrees F**.
- Only mechanical refrigeration or crushed/cubed ice may be used for a cooling medium. Foods shall not come into contact with water or un-drained ice.
- All foods, drinks and condiments shall be handled and stored in a manner that prevents contamination such as using clean, covered containers and storing equipment and food up off the ground. Trash bags are not to be used for storage.
- Running water with liquid hand soap and disposable towels for hand washing **must be available** and set-up prior to food preparation. Bottled water with a pull spout is acceptable if water can be maintained at/over 110 degrees F. (Max 130 degrees F.)
- ALL food handlers shall wash their hands after utilizing the toilet facilities, smoking, eating, changing tasks and changing gloves or when hands become contaminated.
- **Bare hands may NOT contact ready-to-eat foods.** Suitable utensils shall be used such as deli tissue, spatulas, tongs, single-use non-latex gloves etc.
- All equipment, utensils, containers, etc. shall be in clean, sanitary condition. Where there are no washing facilities available, spare work utensils shall be available.
- People handling the food shall wear clean outer garments, hair restraints and utilize good hygienic practices.
- Vendors licensed to sell scooped ice cream must store scoops individually in each tub of ice cream if a potable water source is unavailable for use. Garden hoses are **NOT** acceptable.
- **Smoking is prohibited within 20 feet** of a cart or food storage/service area.
- Garbage and refuse shall be disposed of in a satisfactory manner and the premises shall be kept clean at all times.
- A stem type of thermometer that has been properly calibrated must be available for testing potentially hazardous foods on site. The thermometer must be properly cleaned/sanitized before and after use. Refrigerated units must have thermometers in easily readable locations.
- A labeled spray bottle of sanitizer solution prepared at proper concentration must be on site and used on all food contact surfaces, utensils, etc. Proper concentrations should be determined with pH strips and should meet: Chlorine sanitizer: 50 – 100 ppm.
- **Tent coverage**, at minimum, is required for most temporary food establishments and is required unless approved prior.

**If any of these conditions are not set-up and maintained, your temporary food permit may be revoked and you may also be ordered to cease operating immediately at the Inspector's discretion.**

**\*\*\*A copy of these guidelines shall be given with each Special event with Food Service or Temporary Food Establishment permit and shall remain attached to the permit at all times.**

**(Revised 2/12)**

Fee Paid: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
BOH Authorization: \_\_\_\_\_

*Application must be accompanied by the required fee.  
Check made be made payable to "Town of Sheffield".*

## **Town of Sheffield Board of Health**

Town Hall, 21 Depot Square, 2<sup>nd</sup> Floor, Sheffield, MA 01257-0325  
413-229-7000 Ext 157 Fax: 413-229-7010 Email: [boh@sheffieldma.gov](mailto:boh@sheffieldma.gov)

### **Special Event / Temporary Food Establishment Application** **To be submitted with Annual Food Establishment License Application**

(All permits expire December 31<sup>st</sup> of year issued or as noted)

Name of Establishment \_\_\_\_\_

Special Event Location \_\_\_\_\_

Approved off-site kitchen (Must attach copy of any local permits and signed use agreement): \_\_\_\_\_

Estimate Number of Patrons/day \_\_\_\_\_ ☐ Temporary or ☐ Special Event

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Water/Ice Supply Source? \_\_\_\_\_ Electricity on Site? \_\_\_\_\_

Storage/Disposal of Garbage: \_\_\_\_\_ Disposal of Grease: \_\_\_\_\_

Hand wash Station (Must be labeled): \_\_\_\_\_ Refrigeration: \_\_\_\_\_

Wash/Rinse/Sanitize Setup (Must be labeled): \_\_\_\_\_ Disposal of Wastewater: \_\_\_\_\_

#### **\*\*ATTACH THE FOLLOWING APPLICABLE ITEMS TO YOUR APPLICATION:**

- \_\_\_ Complete menu of ALL products offered for sale and/or sampling.
- \_\_\_ Attach sketch of temporary booth. (Include all equipment, hand-wash, workstations, food storage, ceilings, ranges, and all refrigeration/coolers etc.)
- \_\_\_ Indicate locations of potentially hazardous food preparation. (On and off site)
- \_\_\_ Out of Town/State vendors must copies of all local and/or State licenses from permanent jurisdiction.
- \_\_\_ Attach recent water test results if water and/or ice is from a private well or other source.

#### **Please Note:**

- ▶ Ice and water **MUST** be from a potable water source.
- ▶ Provide at minimum, tent coverage for any events serving potentially hazardous foods.
- ▶ All foods and/or ingredients **MUST** be from an approved source(s).
- ▶ A certified food handler is required to be on-site during food service and prep if potentially hazardous food products are being offered for sale or sample.

#### **FIRE OR PROPANE USAGE MUST HAVE FIRE DEPARTMENT APPROVAL PRIOR TO THE EVENT; ALL TENTS MUST HAVE FIRE RETARDANT LABELS**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the Code and allow the Board of Health access to my establishment as specified under 8-402 of the Merged Food Code, 2011 Edition.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO EVENT.**

(Revised 2/12)



Fee Paid: \_\_\_\_\_  
Permit Number \_\_\_\_\_  
Issue Date \_\_\_\_\_

*Application must be accompanied by the required fee.  
Check made be made payable to "Town of Sheffield".*

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### Annual Food Establishment License Application

(All permits expire December 31<sup>st</sup> of the year issued.)

Name of Establishment: \_\_\_\_\_  
Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Individual Owner, Corporate Officer or Responsible Person \_\_\_\_\_  
Person Certified in Safe Food Handling (Must Attach Certification) \_\_\_\_\_  
Retail Food (Square Footage of Food Section) \_\_\_\_\_ Food Service (Number of Seats) \_\_\_\_\_  
Days and Hours of Operation \_\_\_\_\_ ☐ Seasonal Dates \_\_\_\_\_  
Type of Food (attach a menu) \_\_\_\_\_ Worker's Compensation Insurance (Fill out Form) \_\_\_\_\_

#### Potentially Hazardous Foods are: (Check all boxes that apply)

☐ Cooked-to-Order ☐ Cooked in Advance ☐ Held above 41 and below 140 degrees ☐ Raw or undercooked animal foods need consumer disclosure on all menus. ☐ Served to Highly Susceptible Population ☐ Transported to another location.

**Check All That Apply:** (Fees are to be paid with Application; Please make check payable to: Town of Sheffield)

#### Food Establishments (does not include food inspections @ \$35.00 twice per year):

_____ Food Establishment (includes catering) or Food Processing Plant	Fee: \$50
_____ Caterer	Fee: \$50
_____ Special Event with Food Service * / Temporary Food Establishment *	Fee: \$25 per event
_____ Bakery	Fee: \$50
_____ Milk and Cream Store License (commercially pasteurized products)	Fee: \$25
_____ Mobile Food Operation	Fee: \$50
_____ Retail Residential Kitchen	Fee: \$50
_____ Bed and Breakfast Home or Establishment	Fee: \$50
_____ Farmer's Market (May-Oct; no on-site food preparation)	Fee: \$25

Total Fees Included: \_\_\_\_\_

(\* Submittal of Special Event / Temporary Food Establishment Application also required)

#### Please apply 30 days in advance of opening a business requiring a License.

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the Code and allow the Board of Health access to my establishment as specified under 8-402 of the Merged Food Code, 2011 Edition.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

(Revised 7/14)