



**TOWN OF WEST SPRINGFIELD  
HEALTH DEPARTMENT**

26 Central Street, Suite 18  
West Springfield, MA 01089-2754  
Phone: (413) 263-3206 FAX: (413) 737-1583  
www.tows.org

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

*Must be submitted NO later than thirty (30) days before event begins*

Event Name and Dates: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_

Business website and email: \_\_\_\_\_

Primary Food Permits Held and from Where: \_\_\_\_\_

Contact Person for Event: \_\_\_\_\_ Cell No. \_\_\_\_\_

On-Site Manager at Event: \_\_\_\_\_ Cell No. \_\_\_\_\_

Workers at Event with Food Safety Training: (names) \_\_\_\_\_

Workers at Event with Allergen Awareness Training: (names) \_\_\_\_\_

Others Working at Event: (names) \_\_\_\_\_

**PLEASE BE REMINDED:**

COOKING AND PREPARATION OF ALL FOODS OFF-SITE MUST BE DONE IN AN APPROVED COMMERCIAL KITCHEN INSPECTED BY THE HEALTH DEPARTMENT IN THAT COMMUNITY. **NO "HOME COOKING" IS ALLOWED**

Will all foods be prepared on site at the temporary food service booth? Yes \_\_\_\_\_ No \_\_\_\_\_

Use of open flame at event? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Charcoal \_\_\_\_\_ Propane

**Contact the West Springfield Fire Department for their requirements related to your operation.**

**FOOD SUBMISSION FORM**

What food items are you serving at the Event?	Served Hot or Cold?	Where Prepared?

How are you delivering foods to the site and how often? \_\_\_\_\_

What equipment will you have on-site for temperature control? \_\_\_\_\_

What equipment will you have for cooking? \_\_\_\_\_

Will there be any raw meats, fish or eggs on site? \_\_\_\_\_

How do you plan to keep the raw foods separate from the cooked or ready to eat foods? \_\_\_\_\_

What will you do with foods overnight? \_\_\_\_\_

What will you be using to eliminate bare hand contact with ready to eat foods? \_\_\_\_\_

**Section A: Off site At the Approved Kitchen: (check all that apply) – attach separate sheet if needed**

Food product	Thaw	Cut Assemble	Cook	Cool	Cool Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

**Section B: On site At the Booth: (check all that apply) – attach separate sheet if needed**

Food ingredient	Thaw	Cut Assemble	Cook	Cool	Cool Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Food Source(s): \_\_\_\_\_

Source and Storage of Water/Ice: \_\_\_\_\_

Storage and Disposal of Wastewater: \_\_\_\_\_

Storage and Disposal of Garbage: \_\_\_\_\_

Storage and Disposal of Grease/Cooking Oil: \_\_\_\_\_

Please draw a sketch of the booth in the section below or provide photos or a schematic that shows the information required below.

PLAN REVIEW:

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc.

**Note: A certification from the Fire Department is required for all open flames.**

B. Describe floor, wall and ceiling surfaces:

\_\_\_\_\_  
\_\_\_\_\_

