



Town of Webster  
OFFICE OF  
**Board of Health**

Municipal Building  
350 Main St., Webster, MA. 01570  
Phone: (508) 949-3800 Ext. 4005 Fax: 508-949-0845

**Application for One Day / Temporary Food Permit**

**PERMIT FEE: \$25.00/DAY**

Application fee is non-refundable- make checks payable to "Town of Webster"  
Late Fee of \$25.00 for Applications received LESS than 14 days PRIOR to event

**EVENT INFORMATION**

Name of EVENT: \_\_\_\_\_

EVENT location: \_\_\_\_\_

Date(s) of EVENT: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_ Expected # of Patron's \_\_\_\_\_

EVENT Hours of Operation: \_\_\_\_\_ Event Set Up (Date & Time): \_\_\_\_\_

EVENT Contact Person (Name & Phone #): \_\_\_\_\_

**EVENT UTILITIES:**

Will Electricity be provided to Food Booths?      YES      NO

Describe Potable Water Supply: \_\_\_\_\_

Describe means of Wastewater Disposal: \_\_\_\_\_

Describe means for Garbage Disposal & Collection: \_\_\_\_\_

**FOOD VENDOR INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address (Location to which food permit is to be mailed): \_\_\_\_\_

Food Booth Structure:      BOOTH      TENT      \*\*MOBILE UNIT      OTHER: \_\_\_\_\_

*\*\*Mobile Food Units – provide a copy of your Hawkers & Peddlers License & Most recent Inspection Report*

*\*\* Mobile Food Units – Base of Operations (licensed facility at which your unit is cleaned and sanitized): \_\_\_\_\_*

Hand-washing facilities available at booth?      YES      NO (If no, please explain method of hand-washing): \_\_\_\_\_

Will Gloves be available for use by your employees? \_\_\_\_\_ # of employees: \_\_\_\_\_

Type of Sanitizer you will be using: \_\_\_\_\_  
(Sanitizer test kit must be available for use at food booth)

Water and Ice MUST be from an approved source – list source(s): \_\_\_\_\_

*Packaged foods may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, its container or it's positioning in the ice or water- Unpackaged food may not be stored in direct contact with un-drained ice.*

What is the menu for this event?

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Explain how food stored in ice will be adequately protected from melting water?

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How will FROZEN foods be thawed, if necessary, prior to service?

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Food source(s) – please list all locations at which food will be purchased for this event:

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**No foods made in a RESIDENTIAL KITCHEN shall be allowed at any temporary food event!  
(Exception: Bake sale items such as cookies, brownies or cakes)**

**\*\*\*IMPORTANT NOTICE\*\*\***

**Unless only NON-Potentially Hazardous Foods (PHFs) are to be served, this  
Temporary Food Establishment must be overseen by an individual certified in  
Food Safety and Sanitation.**

**You MUST provide copy of certification with this application**

- Food Manager Certification is attached
- Food Manager Certification is NOT attached – We will NOT be preparing any PHFs

I certify by signing this application that I have received and read the Massachusetts Department of Public Health “Are you Ready?” Checklist for Temporary Food Establishments and that the described establishment will be operated and maintained in accordance with the regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Food Vendor Applicant