

TEMPORARY FOOD SERVICE Vendor APPLICATION

FEE \$25 - Not REQUIRED for Farmer's Market

NAME OF FOOD ESTABLISHMENT*: _____

PHONE* _____

NAME OF OWNER*: _____

ADDRESS*: _____

Home CITY*: _____ STATE*: _____ ZIPCODE*: _____

EMAIL ADDRESS: _____

NAME OF EVENT*: Marblehead Farmers' Market

EVENT COORDINATOR*: Steve Fowler/Don Morgan

EVENT ADDRESS*: 217 Pleasant

DATE/TIME OF EVENT*: Sat Jun 3 – Nov 18 9am-noon

SIGNATURE OF APPLICANT*: _____

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.

ITEMS AND LOCATION PURCHASED:

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A___, IF YES, DESCRIBE FACILITIES AND EQUIPMENT:

OFF SITE: YES ____, IF YES, WHERE?

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

Continued on back or next page

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

ON SITE: _____

OFF SITE: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140oF OR ABOVE), COLD (45oF OR BELOW):

REFRIGERATION: REQUIRED ____ NOT REQUIRED ____
METHOD OF REFRIGERATION/THERMOMETERS:

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY INCLUDING TYPE OF SANITIZER:

SAMPLING: VENDOR TO USE SINGLE SERVING CUPS, NAPKINS AND/OR UTENSILS. ALLERGEN ADVISORY TO BE POSTED.

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES:

Next to Storage Trailers (see Coordinator's map)

LOCATION OF TOILET FACILITIES:

Next to Storage Trailers (see Coordinator's map)

HAIR RESTRAINTS PROVIDED: YES ____ NO ____

DISPOSABLE GLOVES PROVIDED: YES ____ NO ____

Also SUBMIT:

FOOD PERMIT FOR THE BASE OF OPERATION,
SERVSAFE AND
ALLERGEN CERTIFICATES FOR STAFF.