



TOWN OF WEST TISBURY
BOARD OF HEALTH
P.O. Box 278, 1059 State Road
West Tisbury, Ma 02575
(508) 696-0105, (508) 696-0111 Fax

Date _____

Fee _____

Temporary Food Permit Application: Fee (\$50.00 per day/event)

Name of applicant: _____ e-mail _____

Mailing Address of Applicant: _____

Name/Address of Event/Occasion: _____

Telephone Number: _____ Emergency # _____

Name of Event/Occasion _____

Date(s)/Time of Event: _____

Non-Profit: Yes _____ No _____ Tax Exempt # _____

FOOD TO BE SERVED: (Use Additional Paper if Necessary)

List All Food served	Source
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_____	_____
_____	_____
_____	_____
_____	_____

Preparation/Cooking Facilities:

On Site: Yes _____ No _____ Describe facilities & Equipment

Off Site: Yes _____ No _____ . If yes, Where? _____

(Attach a copy of current BOH License, if licensed in another Town)

TYPE OF SERVICE: Single service YES _____ NO _____

Describe washing facilities for service and/or utensils _____

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

REFRIGERATION: Not required _____ Method of refrigeration: _____

GARABAGE AND RUBBISH:

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth _____ (**Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth**)

Location of hand washing facilities/type _____

Hair restraints: YES _____ NO _____

Disposable Gloves provided: YES _____ NO _____

Sanitizer and test Kit on site: YES _____ NO _____

Thermometer on site: YES _____ NO _____

Applicants/Owners Signature

Date

INSPECTORS RECOMMENDATIONS:

ACTION TAKEN: permit denied _____

Reasons for denial: _____

PERMIT GRANTED _____ FEE \$ _____ (Check Payable to Town of West Tisbury)

CONDITIONS: _____

BY: _____

DATE: _____