

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 5/12/2019
Fee _____

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018****

Name of applicant: Island Grown Schools e-mail: sullogabrielle@gmail.com

Mailing Address of Applicant: PO Box 622 Vineyard Haven, MA 02568

Name/Address of Event/Occasion: West Tisbury School & Charter School

Telephone Number: 508-524-9689 Emergency # _____

Name of Event/Occasion Harvest of the Month Taste tests

Date(s)/Time of Event:

West Tisbury School 5/22 11:00-1

Charter School 5/23 11:40-12:30

Non-Profit: Yes No _____ Tax Exempt # 20-5773892

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

List All Food served	Source
Herb & Fruit infused water (fresh mint, raspberries & lime juice)	Cronigs

Preparation/Cooking Facilities:

On Site: Yes _____ No Describe facilities & Equipment

Off Site: Yes No . If yes, Where? Isola Restaurant kitchen,
19 Church Street, Edgartown MA

(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 Disposable

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

The infused water will be stored in an airtight glass jar in a cooler on ice to transport. We will then pour the water in 2oz portion cups to serve to the kids as they come up for tastings.

REFRIGERATION: Not required Method of refrigeration: cooler w/ ice

GARABAGE AND RUBBISH:

Disposable cups

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers(PIC) in Booth 1 (**Attach copies of food handlers certificate for PIC. Need at least one PIC per Booth**)

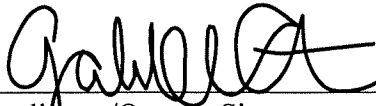
Location of hand washing facilities/type Cafeteria

Hair restraints: YES NO

Disposable Gloves provided: YES NO

Sanitizer and test Kit on site: YES NO

Thermometer on site: YES NO

 5/12/19
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: _____