## Winchester Board of Health 71 Mt. Vernon St. Winchester, MA 01890 (781) 721-7121 Fax: (781) 729-1794

## Application for a Permit to Operate a Temporary Food Concession TOWN DAY

	Name of Event:					
	Date/Time of Event:  Location of Event/Booth:					
	Name of Concession (Business Name) and Owner:  If you are a permitted food establishment in another Town/City, you MUST submit a copy of you					
	Address:	Phone #:				
	Name of Person In Charge (PIC) of Concession:					
	Phone # of PIC:	Email:				
1.	Will you be cooking on-site? Yes No If yes, how (grill, steamer, etc)? *NOTE: Propane tanks and generators require	re Fire Department approval.				
2.	If NO, where will food be prepared, cooked and stored prior to the event?  Name of establishment:					
	Address:	Phone #:				
3.	How will you keep cold foods cold (41°F or less	)?:				
4.	How will you keep hot foods hot (135°F or more)?					
5.	Describe the handwashing facilities in your cond	cession:				
6.		?				

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		,, or ground, in	ow will you wash ar	u samuze it:
List all food and beverage items the	hat will be served	l <b>:</b>		
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Where will food be purchased?				
Will you be offering samples? If				
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