



CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A

TEMPORARY FOOD SERVICE ESTABLISHMENT

2022

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Establishment _____ Date _____

Business Address _____

Mailing Address (If Different) _____

Email Address _____ Phone # _____

Owner/Operator Information

Name	Title	Address	Phone

REQUIRED DOCUMENTS:

- A copy of current **Food Service Establishment Permit** or **Mobile Food Service Permit** issued by the local Health Department from the vendor's originating location. For concession trailers without a base of operations, include a copy of a **Temporary Food Service Establishment Permit** from a previous event
- Food Safety Manager Certificate:** All Temporary Food Service Establishments which handle potentially hazardous foods (PHF's) must provide a current certificate with application
- Food Allergen Awareness Certificate:** All Temporary Food Service Establishments which handle potentially hazardous foods (PHF's) must provide a current certificate with application

Will all food items be prepared onsite at the temporary food establishment? YES NO

If NO, please list the following:

- a. Name of establishment where food will be prepared: _____
- b. Hot and cold holding methods for handling food: _____
- c. How food will be transported: _____

Please check type of event that your Temporary Food Establishment will be operating at and fill out appropriate dates:

- Single Day Event Temporary Food Establishment** (e.g., bake sale, fundraiser, company picnic)
Date & Time of Event: _____ **Fee: \$25**
- Seasonal Event Temporary Food Establishments** (e.g., farmer's markets, sports teams)
Dates of Event: _____ **Fee: \$75**

Name & Address of Event: _____

I hereby certify that I will abide by the guidelines set forth in this application and also the regulations for Temporary Food Establishments found in 105 CMR 590.000. I understand that if any portion of this application is not satisfactorily completed, the application will be returned and no permit will be issued.

SOCIAL SECURITY OR FEDERAL ID NUMBER

SIGNATURE OF APPLICANT

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Apply online at: permiteyes.us/chicopee/loginuser.php

Diagram of Your Temporary Food Establishment

In the following space, provide a drawing of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, food and single service storage, garbage containers, and customer service areas.

Event Menu

Please list all foods and any special handling procedures that may apply.

NO MENU CHANGES ARE PERMITTED.

Equipment List

Please provide a list of all equipment to be used. Include hot and cold holding units and methods. Also include hand wash station specifications
