



**TOWN OF EASTHAM**

2500 State Highway  
Eastham, MA 02642  
All departments 508-240-5900  
[www.eastham-ma.gov](http://www.eastham-ma.gov)

Date Received \_\_\_\_\_  
Approved By \_\_\_\_\_  
Permit # \_\_\_\_\_

**FEE: \$25.00\***

**\*Each food vendor is required to complete and submit the application form. If the event includes more than one vendor, all completed applications must be submitted at the same time, by an event coordinator, for one fee of \$25.00**

**APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT PERMIT**

**THE FOLLOWING INFORMATION MUST BE PROVIDED WITH ALL APPLICATIONS**

- Copy of Food Establishment license from town licensed in
- Copy of Servsafe Certificate
- Copy of Allergy Awareness Certificate
- Copy of Choke Saver Certificate

**ALL APPLICATIONS ARE TO BE SUBMITTED TO THE EASTHAM HEALTH DEPARTMENT 3 WEEKS PRIOR TO THE EVENT**

**1. Applicant Information:**

Name of Temporary Establishment \_\_\_\_\_ Date(s) of Event \_\_\_\_\_  
Operator Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Event Location \_\_\_\_\_

**2. Menu:**

Attach a menu or list **all** items to be sold or sampled \_\_\_\_\_  
List all food sources (including ice and water) \_\_\_\_\_

**3. Base of Operation:**

Name \_\_\_\_\_ Type of Establishment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner/Manager Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**□ 4. Food Preparation:**

Will any foods be prepared at the booth?

\_\_\_\_\_ YES                  \_\_\_\_\_ NO

If yes, describe what foods will be prepared and how they will be prepared \_\_\_\_\_

Describe how food will be transported from the base of operation and the procedure for keeping potentially hazardous food below 45°F or above 140°F during transport \_\_\_\_\_

Will all pre-packaged food be labeled with the name and address of the manufacturer, name of product, list of ingredients and net weight?

\_\_\_\_\_ YES                  \_\_\_\_\_ NO

Will all pre-packaged, potentially hazardous foods also be labeled with a sell-by date?

\_\_\_\_\_ YES                  \_\_\_\_\_ NO

**Pre-packaged foods shall not be stored in contact with water or undrained ice.**

How will refrigerated foods be maintained below 45°F? \_\_\_\_\_

**□ 5. Waste:**

Describe the storage and disposal methods of accumulated waste \_\_\_\_\_

**□ 6. Plan Review:**

Attach a sketch of the vendor booth. Identify the location of all food prep tables, refrigerators, coolers, sampling display areas and single service storage areas.

**Please note, the Health Department may require an inspection to be conducted of the vendor booth prior to the event.**

**THE BOARD OF HEALTH MAY IMPOSE ADDITIONAL REQUIREMENTS AND MAY PROHIBIT THE SALE OF SOME OR ALL POTENTIALLY HAZARDOUS FOOD.**

*Eastham Board of Health  
Hillary Greenberg-Lemos, Director of Health & Environment-508-240-5900 x3229  
Susan Barker, Health Agent-508-240-5900 x3239*