



Town of Rowe  
FRANKLIN COUNTY  
MASSACHUSETTS  
01367

Settled as Myrifield 1763 ▪ Incorporated as Rowe 1785

321 Zoar Road  
P.O. Box 462  
Rowe, Massachusetts 01367  
www.rowe-ma.gov  
email: boh@rowe-ma.gov  
Ph: 413-339-5520  
Fax: 413-339-5316  
BOARD OF HEALTH

## Application for Permit for Temporary Food Service

**Note: Permit applications must be submitted to the Board of Health at least 14 days prior to a scheduled event. Each permit is valid for no longer than 14 (fourteen) consecutive days from the date of inspection**

Date(s) of operation of Temporary Food Service: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

For-profit (retail) YES: ( ) NO: ( ) Non-profit: YES: ( ) NO: ( ) Non-profit Tax Exempt Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name and Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (if different from applicant): \_\_\_\_\_

1. List all foods to be served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. I am providing no foods described in 105CMR590.009(C)(2) which are homemade. YES ( ) NO ( )

3. All foods on site are prepared in approved food establishments. YES ( )

Name of Establishment where prepared or commercially packaged: \_\_\_\_\_ FE Permit #: \_\_\_\_\_  
(Attach copy of Food Establishment permit/license from the Food Establishment's municipality)

Address of Food Establishment: \_\_\_\_\_

4. I am providing the following hot temperature control for the hot holding of potentially hazardous foods above 140°F.

Describe hot-holding equipment/methods: \_\_\_\_\_

\_\_\_\_\_

5. I am providing the following cold temperature control for the cold holding of potentially hazardous foods.

Describe cold-holding equipment/methods: \_\_\_\_\_

\_\_\_\_\_

6. I am providing a metal stem type thermometer (0°F-220°F) to measure the hot and cold holding of potentially hazardous food. YES ( )

7. I am providing a thermometer for every cold holding unit. YES ( )

8. Hand-washing facilities: (a) Plumbed sink (\_\_\_) or (b) Gravity flow (\_\_\_) or (c) No bare-hand contact (\_\_\_) [Gravity-flow hand-washing facilities require a minimum of 5 gallons of warm potable water in an insulated container with a spigot, a bucket for the collection of wastewater, pump anti-bacterial soap, paper towels, and a lined trash receptacle.]

9. Utensil-washing facilities: (a) three-compartment sink (\_\_\_) or (b) three deep tubs or basins (\_\_\_)

[Three tubs/basins require soapy water, rinse water and sanitizing solution.]

10. I am protecting my unpackaged food and food preparation areas from flies, dust and the public by the following methods: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Structure: Booth (\_\_\_) Mobile Unit (\_\_\_) Tent (\_\_\_) Other (\_\_\_)

Describe the structure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I am familiar with 105CMR590.000, "Minimum Sanitation Standards for Food Establishments" Chapter X and the 1999 Federal Food Code. I further certify that the above establishment will be operated and maintained in accordance with these regulations.

I hereby consent to inspection by the Rowe Board of Health and acknowledge that issuance of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy of which I have received.

\_\_\_\_\_ Applicants Printed Name      \_\_\_\_\_ Applicants Signature      \_\_\_\_\_ Date

Fee Enclosed: \_\_\_\_\_  
(N/A if waived)

**Note:** Permit fee is \$25.00 for the first permit of the year, and \$5.00 for each permit thereafter for that calendar year for the same facilities. Please include your non-profit tax ID number. The Rowe Board of Health reserves the right to waive the permit fee at the Board's discretion.

Board of Health inspection and approval comment: APPROVED: \_\_\_ Yes \_\_\_ No \_\_\_ Initials Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR BOARD OF HEALTH USE ONLY		
Date Received:	Approved (pending inspection) Board of Health	Date
\$ Fee Received (N/A if Waived)	Inspected By	Date Inspected
	Permit Issued By BOH Member	Date Issued
		Permit #