



Public Health
Prevent. Promote. Protect.

Town of Stoneham
Health Department
35 CENTRAL STREET
STONEHAM, MA 02180

781-279-2621

Carol O'Loughlin –Chairperson
John J. Scullin –Co-Chairperson
Dr. Teresa Dean, DNP, MS, RN – Secretary

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

Temporary Food Event Permit - Operates for a period of no more than fourteen (14) consecutive days in conjunction with a single event or celebration, whether food is for sale or not.

Application is due to Health Office 10 days prior to the event.

Return completed applications and required documentation with a **\$30.00** cash or check to:
Stoneham Health Department located at 35 Central Street. Checks made payable to Town of Stoneham.

Attach to application:

Please be aware, when certification is required, the certified person is to be onsite during the entire event to oversee safe handling of food.

- There is no fee for Non-Profit Organizations (attach copy of tax exempt form)**
- Food Protection Manager Certification. (if applicable, required if handling TCS foods)
- Allergen Awareness Certificate (Non- Profit exempt)
- Current Food Establishment Permit for location food is prepared. (food may not be prepared at home)

Organization: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Applicant Email: _____

Name & Location of Event: _____

Event date(s): _____ Set up time: _____

List of ALL Food & Beverage to be served (attach separately if needed):

Check all food processes that will occur during the event and list equipment used.

- Transport food
- _____
- Hot/cold holding - equipment to maintain temperatures
- _____
- Cooking – (Contact fire department for compliance responsibilities)
- _____
- Customer self-service – Equipment or method to provide protection
- _____

Provision for toilet facilities, hand washing, running water: _____

- I have read the Checklist for Temporary Events (Checklist can be viewed at [Food Safety Program/Stoneham, MA \(Stoneham-ma.gov\)](https://www.stoneham-ma.gov/food-safety-program))

Applicant Signature: _____ Date: _____