



TOWN OF COHASSET

Board of Health

41 Highland Avenue
Cohasset, Massachusetts 02025



Public Health
Prevent. Promote. Protect.

Board of Health

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PROCEDURES FOR APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT AND/OR FARMERS' MARKET PERMIT

The following items must accompany all Temporary Food Service Applications:

1. A completed copy of the Cohasset Board of Health Temporary Food Service / Farmer's Market Application form;
2. Submission of the \$40.00 permit fee (please make checks payable to Town of Cohasset);
3. A copy of the establishment's current local Food Service or Caterer's Permit or MA Wholesaler License;
4. A copy of the most recent inspection report from the local Board of Health or State Health Department;
5. A copy of the ServeSafe (or other acceptable) Food Service Manager certificate(s), if applicable;
6. A copy of the Certificate of Completion of Training for Allergen Awareness, as is required by 105 CMR 590.009[G],
7. A completed copy of the Commonwealth of MA Worker's Compensation Insurance Affidavit.

PLEASE NOTE: Temporary Food Service Permits are only valid for a three (3) day period of time (or the stated permit period listed on the permit). Farmers' Market permits are valid only for the current Farmers' Market season, and expire on after the last Farmers' Market of the season.

For more information about Food Safety at Farmers' Markets and Temporary Food Establishments, please visit <http://www.mass.gov/dph/fpp>.

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD SERVICE
OPERATION
AND/OR SELL FOOD AT THE COHASSET FARMERS' MARKET**

Please check and attach the following documentation. All application must be complete, no partial applications will be accepted. Please email ssarni@cohassetma.org with any questions.

ServSafe _____ **Food Establishment License** _____
Allergen Awareness Cert. _____ **Residential Kitchen** _____
Menu _____ **Package Food Label** _____

Name of Applicant/Owner: _____

Tel #: () _____ Cell # _____

Address of Applicant/Owner: _____ Email: _____

Location of Event: _____

Caterer's Name: _____ Tel #: () _____

Caterer's Home base Address: _____

Occasion _____

Non-Profit Yes ___ No ___ Tax Exempt # _____

List of Food: Also list Retail Food Provider if necessary.

Details for Maintaining Product above 135/below 41.

PREPARATION/COOKING FACILITIES:

On-Site: Yes ___ No ___ Describe Facilities and Equipment: _____

Off-Site: Yes ___ No ___ If yes, where? _____

Continue to back page.

FOOD PROTECTION: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation. Food cannot be without a cover and permit holder must be on site to monitor sampling.

List all ingredients which are on the top 8 allergen list.

Thermometer on Site: Yes _____ No _____

Refrigeration: Not Required _____ Required _____

METHOD OF REFRIGERATION:

GARBAGE AND RUBBISH: Describe means for storage and disposal

PERSONNEL AND FOOD HANDLING PRACTICES:

Number of Food Handlers _____ Location of hand wash facilities _____

Location of toilet facilities _____ Hair restraints: Yes _____ No _____

Disposable gloves provided: Yes _____ No _____ (NO LATEX GLOVES)

Sanitizer and test kit on site: Yes _____ No _____ Thermometer on site: Yes _____ No _____

Applicant/Owner _____ Date _____

Approved by Approving Authority _____ Date _____