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MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Temporary or Seasonal Event Food Establishment Permit Application

Complete the following application. Please print legibly. Incomplete applications and missing documents may cause a delay in the review and permit process.

Please check the type of permit you are applying for:

Temporary Food Event Permit

- Valid for no more than 14 consecutive days in conjunction with a single event
 - Fee = \$20.00
- If the application is submitted <14 days prior to an event, the Fee = \$40.00

Seasonal Food Event(s) Permit

- Valid for up to six (6) months for specified events
 - Fee = \$75.00
- If the application is submitted <14 days prior to an event, the Fee = \$150.00

Note: Each cart / table etc. that has a specific function **requires a Food Permit.** Carts / tables etc. that are used only to store packaged foods and drinks will not be considered a separate cart. Example: A grill stored next to a fried dough cart would require two (2) permits.

If propane gas is used, will the tank exceed 42 lbs.? NA (not using propane) Yes No



If Yes, a propane permit is required from Framingham Fire Prevention Headquarters located at 10 Loring Drive, Framingham MA, 508-532-5930

Applicant / Business / Organization Information

Date: _____

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Business / Organization Name: _____

Address: _____

Phone Number: _____ Email: _____

Event(s) Information

- For Temporary Single Event Permit: List the event, date, location and contact information.
- For Seasonal Event Permit: List ALL events, dates, location and contact information.
- Use [Attachment B](#) for any additional information.

Name(s) of Event(s): _____

Date(s) of the Event(s): _____ Time of the Event(s): _____

Address / Location of the Event(s): _____

Name(s) of event coordinators: _____

Phone Number: _____ Email: _____

Contact Person-in-Charge (PIC) during the Event(s) Information

The PIC is the person DIRECTLY responsible for the Food Safety Operations during food preparation and at the event(s)

Name of PIC: _____ Phone: _____

Email: _____

Is the PIC a Certified Food Manager? Yes – Submit a copy of the certificate No

Does the PIC have an Allergy Awareness Certificate? Yes - Submit a copy of the certificate No

Note: According to 105 CMR 590.011(C), the following statement is required to be posted on all menus and menu boards: **“Before placing your order, please inform your server if a person in your party has a food allergy”**.
For additional allergy awareness information, training and to obtain the Awareness Poster, please visit:

<https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>

Employee Health & Personal Hygiene Information

Do you currently have a “Food Employee Reporting Agreement” (Health Policy)? Yes No

- If Yes, submit a copy
- If No, see page 8 for a template

Note: Employees or Volunteers who are experiencing symptoms of **Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event as a food handler.**
Please review employee health with the staff prior to the event.

For more information about employee health & personal hygiene visit:

<https://www.mass.gov/files/documents/2016/07/nf/reporting-agreement-form.pdf>

or

<https://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm>

Base of Operation Information

Do you have a base of operation? Yes No

Name of food establishment where food item(s) will be prepared / cooked: _____

Address: _____

Phone Number: _____

Contact Person: _____ Email: _____

Food / Menu Information

Will TCS / PHF (Time / Temperature Control for Safety Food / Potentially Hazardous Food) food items be served at the event? Yes No

- If Yes - **Complete below and Attachment A on page 4.**

List **ALL** food(s) that are to be offered at the event(s) (use **Attachment B** for additional food items): _____

When will TCS / PHF food(s) be prepared? _____

How and where will food be stored and held? _____

How will TCS foods be held **cold** (41°F and below)? _____

How will TCS foods be held **hot** (135°F and above): NA (there will not be any hot holding)? _____

How will foods be cooked at the event(s)? NA (Foods will not be cooked on site): _____

How will foods be monitored during the event? _____

Will there be overhead cover? Yes – Type: _____ No

If a tent will be used, will it have walls (sides)? Yes No

Note: When considering tent walls, according to Covid-19 Safety Standards, at least 50% of the perimeter of any covered dining space must remain open and unobstructed by any form of siding or barriers at all times.

How will foods be protected against environmental and customer contamination? _____

Where will utensil washing & sanitizing take place? _____

If no ware washing facilities are available on site, what method will be used to clean & sanitize equipment at least every four (4) hours? _____

How hand washing will take place? _____

How many hand washing station(s) will be set- up and where will they be located? _____

What type of gloves will be used? (Due to allergies, latex gloves shall not be used): _____

What type of sanitizer will be used? Chlorine: _____ Quaternary: _____

Note: Sanitizer is NOT a cleaner and shall only be used after proper washing with soap and rinsing with potable water.

Will portable toilet(s) be used? Yes - Number: _____ No



If yes, what is the company name of the sewage hauler: _____

Note: The company must have an Rubbish Hauler Permit with the City of Framingham.



If No, describe the toilet facilities: _____

Will hand washing be provided at the portable toilet(s)? NA Yes No

Do you have a Covid-19 Control Plan? Yes No – Visit the website below for guidance

<https://www.mass.gov/info-details/reopening-mandatory-safety-standards-for-workplaces>

Statement: I, _____ hereby attest to the accuracy of the information provided in this application and fully understand that any deviation from the above without prior approval from the Framingham Department of Public Health may nullify the final approval. I affirm to comply with the 2013 FDA Food Code, 105 CMR 590.000 and Local Regulations. I agree to allow the regulatory authority access to the food operation as specified under §8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6) and other information required by the regulatory authority. Pursuant to M.G.L. CH. 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.

Signature: _____

To obtain a Temporary or Seasonal Permit, submit the following:

- Completed application **at least 14 days PRIOR to the event.**
- Fee (see cost above) made payable to the “City of Framingham”. **All fees are non-refundable.** Credit Cards are not accepted at this time.
- Copy of Certified Food Manager and Allergy Awareness Certificates (if applicable).
- Copy of “Base of Operation / Food Establishment” Permit (if applicable).
- Most recent routine Food Inspection Report for the “Base of Operation / Food Establishment” Permit (if applicable).
- Read and sign the “Guideline for Temporary / Seasonal Food Vendors” (page 7)
- Completed “Workers’ Compensation Insurance Affidavit”: General Businesses (page 9 & 10). Attach a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date) if applicable.

Note: Incomplete applications and missing documents may cause a delay in the review and permit process. Food items not listed on the permit are not allowed to be offered at the event. Permits will NOT be granted or modified at the event. Any changes to the menu must be submitted and approved by the Framingham Department of Public Health **at least 5 business days prior to the event**

For Official Use Only

Temporary Single Event Permit

Seasonal Event Permit

Approved as submitted

Approved as submitted with the following conditions: _____

Disapproved as submitted - Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Date Permit was Issued: _____ Permit Effective Date(s): _____

Attachment A

Food Preparation for Temporary or Seasonal Food Events

Use the form below to identify and explain how and where **each food item** will be prepared at or prior to the event(s). Attach additional sheets if necessary.

FOOD PRODUCT	THAWING Method and Location	PREPARATION & ASSEMBLY Method and Location	COLD HOLDING Method and Location	COOKING Method and Location	HOT HOLDING Method and Location	REHEATING Method and Location	CHECK BOX IF THE PRODUCT IS A NON-TCS / NON-PHF (Non-Potentially Hazardous Food)
EXAMPLE: Frozen, previously cooked sausage with peppers & onions	Method = Thaw sausages in walk-in refrigerator. Location = At restaurant, overnight	Method = Wash peppers in food prep sink. Slice peppers & onions. Location = Restaurant using clean / sanitized equipment	Method = Store sausage, peppers & onions in walk-in refrigerator. Location = Restaurant. Place in cooler with ice to transport to event.	Method = Propane grill. Cook sausages to at least 165°F and peppers & onions to at least 135°F. Test the internal temperature with thermocouple thermometer. Location = At the event	Method = Store cooked sausages, peppers & onions in a chaffing dish with stenos. Location = At the event.	Method = If internal temperatures drop below 135°F, reheat to 165°F on the grill and hot hold at 135°F and above. Location = At the event.	
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

[Attachment B](#)

Additional Information to be considered by the Framingham Department of Public Health

Guidelines for Temporary and Seasonal Food Vendors

The following are conditions and guidelines to control Foodborne Illness Risk Factors in order to serve safe food to the public:

- Conspicuously Display the following: Temporary / Seasonal Food Permit, Propane Permit (if applicable), Allergy Awareness Notice "Before placing your order, please inform your server if a person in your party has a food allergy." The notice must be displayed in a clear, conspicuous manner on all menus and menu boards.
- Only the foods stipulated on your Food Permit may be served / sold.
- Employees with communicable diseases which can be transmitted through food or who are experiencing vomiting and /or diarrhea must be excluded from food activities. Review the Illness Policy with all employees / volunteers prior the event.
- Running water with liquid soap and disposable paper towels for hand washing must be available and set-up prior to food preparation. Bottled water with a pull out spout is acceptable. Check with the Health and Human Services Department for other acceptable methods.
- All food handlers shall wash their hands before and after glove use, after utilizing the toilet facilities, smoking, eating, changing tasks, and anytime when hands become contaminated.
- Bare hands may not contact RTE (ready-to-eat) and cooked foods. Suitable utensils shall be used such as deli tissue, spatulas, tongs, single-use non-latex gloves etc. Bare-hand contact shall be minimized with foods that are not RTE.
- All TCS / PHF (Time / Temperature Control for Safety Food / Potentially Hazardous Food) Foods shall be held at: 135°F and above for Hot Holding or 41°F and below for Cold Holding. Examples of TCS Foods include but are not limited to Hot Dogs, Sausages, Hamburgers, Prepared Vegetables, and Rice etc.

The following are the Minimum Internal Cooking Temperatures:

- Commercially Processed RTE Foods (Hot Dogs, Pre-Cooked Sausages) - 135°F
- Hamburgers - 155°F
- Chicken - 165°F
- Pork - 145°F
- TCS Foods - previously cooked, cooled and reheated for Hot Holding - 165°F

- A thermocouple-style thermometer or T-Sticks (disposable) must be available and used for testing the internal temperatures of TCS Foods on site. Thermometers shall be cleaned and sanitized before and after use. Alcohol swabs are highly recommended.
- Food employees shall wear clean outer garments, hair restraints, no wrist jewelry (including watches) and utilize good hygienic practices.
- Smoking is prohibited within 10 feet of a cart or food storage area. Employee must wash their hands thoroughly with soap before returning to work.
- Foods must be obtained from an approved commercial source. Proof of source such as boxes, receipts etc. must be on site and available.
- All carts must be thoroughly pre-cleaned before set-up at the event.
- All equipment, utensils, containers etc. shall be clean and in sanitary condition. A spare set of work utensils shall be available if ware washing is not available.
- Ice cream and other utensils can be stored in the product with the handle positioned out of the product.
- Only mechanical refrigeration or crushed / cubed ice is allowed as a cooling medium. Foods shall not come in contact with water or un-drained ice. Packaged foods may not be stored directly in ice if it is subject to the entry of water.
- All foods, drinks and condiments shall be handled and stored in a manner that prevents contamination such as using clean covered containers, storing equipment and food up off the ground etc. Trash bags are not to be used for food storage.
- Garbage and refuse shall be disposed of in a satisfactory manner. The premises shall be kept clean.
- A Soapy Water solution shall be available. Sanitizer is NOT a cleaner.
- A Sanitizing Solution prepared at proper concentration as determined by the pH papers (Chlorine-White papers with Purple color chart, Quaternary-Orange papers with Green color chart) shall be available and used on food contact surfaces. A properly labeled spray bottle or Red Container is acceptable. The Sanitizer label MUST state "For Use on Food Contact Surfaces". Read and follow the Sanitizers Manufacturers Label for specific concentration levels and contact time. Pre-mix sanitizers (Chlorine or Quaternary type) are also available at restaurant equipment and supply stores.
- Chlorine (Bleach) Sanitizer: 50 – 200 PPM (Depends on manufacturer's instructions)
- Quaternary Sanitizer: 200 PPM or 150 – 400 PPM (Depends on the manufacturer's instructions)

If the above guidelines are not maintained or set-up, your Temporary / Seasonal Food Permit may be immediately suspended / revoked and you may be asked to leave the Event. If there are any questions regarding the above conditions, call the Framingham Department of Public Health at 508-532-5470 prior to the event.

I have read, understand and agree to follow the above Conditions and Guidelines

Signature of Permit Holder: _____ Print: _____

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: _____

Address: _____ Framingham, MA 0170 _____

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

A. SYMPTOMS OF:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

B. MEDICAL DIAGNOSIS OF BEING ILL WITH:

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? Yes No

If yes, what was the date of the diagnosis? _____

D. HIGH-RISK CONDITIONS

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

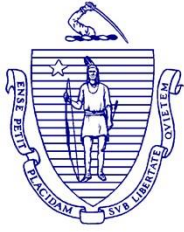
I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Name of Food Employee or Conditional Food Employee: _____ Date: _____

Signature of Food Employee: _____

Signature of Permit Holder or Representative: _____ Date: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.**

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office**
- 6. Other _____**

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE Fax
617-727-7749
www.mass.gov/dia

Examples of Items that can be used at a Temporary and Seasonal Food Event

Please Retain for your Records (pages 11 – 13). Do NOT submit with your Application.

Temporary Hand Wash Station with soap, paper towels, a waste catch container, non-latex gloves and trash receptacle



In "Some" cases, Hand Wipes can be used for hand washing. This will be determined by the Framingham Department of Public Health.



Please Retain for your Records

Food Testing Thermometers and Use

The temperature sensor is at the type for digital devices. Use an alcohol swab to sanitize the probe before testing the internal temperature of your food product. Once you are done and between thermometer use, use a clean paper towel to remove the food debris. Sanitize the probe again once testing is completed.



Sanitizers that can be used (after washing with soap water). Two Types:

1. Quaternary Ammonium – Concentration should be 150 – 400 ppm (or what is stated on the sanitizer container)



Pre-mixed wipes



Test strips to measure the concentration for Quaternary Sanitizers.

2. Sodium Hypochlorite (Bleach) – Concentration should be 50 – 100 ppm



Test strips to measure the concentration of Chlorine Sanitizers.






To be used for both types of Sanitizers

Green = Soapy Water

Red = Sanitizer



Please Retain for your Records

For Laundry	Product	Water	Instructions	
Bleachable Fabrics <i>Avoid bleaching wool, silk, mohair, leather, spandex and nonfast colors.</i>	3/4 Cup 1-1/4 Cups	Standard Washer Extra Large Washers	Use a detergent. For best results: Dilute bleach with a quart of water and add to wash 5 minutes after the wash cycle has begun. For HE machines: Fill machine dispenser to maximum level.	
For Sanitizing				
Work Surfaces	1 Tbsp.	1 Gallon	Wash, rinse, wipe surface area with bleach solution for at least 2 minutes, let air dry.	
Dishes, Plastic Cutting Boards, Baby Bottles	1 Tbsp.	1 Gallon	Wash and rinse. After washing, soak for at least 2 minutes in bleach solution and air dry.	
Dishcloths & Rags	3/4 Cup	1 Gallon	Pre-wash items, then soak them in bleach solution for at least 5 minutes. Rinse well and air dry.	
For Disinfecting				
Floors, Tiles, Bathtubs, Showers, Kitchen Sinks, Baby Toys	3/4 Cup	1 Gallon	Pre-wash surface, mop or wipe with bleach solution. Allow solution to contact surface for at least 5 minutes. Rinse well and air dry.	
DO NOT use this product full strength for cleaning surfaces. Always dilute strictly in accordance with label directions. For prolonged use, wear gloves.				

How and When to Clean and Sanitize

To clean and sanitize a surface, follow these steps:



1 SCRAPE OR REMOVE FOOD BITS FROM THE SURFACE

- Use the correct cleaning tool, such as a nylon brush or pad, or a cloth towel.



2 WASH THE SURFACE

- Prepare the cleaning solution with an approved cleaner.
- Wash the surface with the correct cleaning tool, such as a cloth towel.



3 RINSE THE SURFACE

- Use clean water.
- Rinse the surface with the correct cleaning tool, such as a cloth towel.



4 SANITIZE THE SURFACE

- Use the correct sanitizing solution.
- Prepare the concentration per manufacturer requirements.
- Use the correct tool, such as a cloth towel, to sanitize the surface.
- Make sure the entire surface has come in contact with the sanitizing solution.



5 ALLOW THE SURFACE TO AIR-DRY

