



CITY OF CHICOPEE HEALTH DEPARTMENT
APPLICATION TO OPERATE A

TEMPORARY FOOD SERVICE ESTABLISHMENT

2023

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Establishment _____

Mailing Address _____

Email Address _____ Phone # _____

Owner/Operator Information

Name _____ Title _____ Address _____ Phone _____

REQUIRED DOCUMENTS:

- A copy of current **Food Service Establishment Permit** or **Mobile Food Service Permit** issued by the local Health Department from the vendor's originating location. For concession trailers without a base of operations, include a copy of a **Temporary Food Service Establishment Permit** from a previous event

FOR VENDORS WHO HANDLE POTENTIALLY HAZARDOUS FOODS, CURRENT COPIES OF THE **FOOD SAFETY MANAGER CERTIFICATION AND THE **FOOD ALLERGEN AWARENESS CERTIFICATION** MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.**

Certified Food Safety Manager(s) _____ Exp Date _____

Allergen Awareness Certificate Holder(s) _____ Exp Date _____

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.

- N/A – Commercially pre-packaged food only

Will all food items be prepared onsite at the temporary food establishment? YES NO

If NO, please list the name & address of establishment where food will be prepared: _____

Please check type of event that your Temporary Food Establishment will be operating at and fill out appropriate dates:

- Single Day Event Temporary Food Establishment** (e.g., bake sale, fundraiser, company picnic)
Date & Time of Event: _____ Fee: \$25
- Seasonal Event Temporary Food Establishments** (e.g., farmer's markets, sports teams)
Dates of Event: _____ Fee: \$75
- Special Event Temporary Food Establishments** (e.g., city wide event)
Dates of Event: _____ Fee: \$100

Name & Address of Event: _____

I hereby certify that I will abide by the guidelines set forth in this application and also the regulations for Temporary Food Establishments found in 105 CMR 590.000. I understand that if any portion of this application is not satisfactorily completed, the application will be returned and no permit will be issued.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY MAKE PAYABLE TO: THE CITY OF CHICOPEE NO REFUNDS NON-TRANSFERABLE

Apply online at: permiteyes.us/chicopee/loginuser.php

Diagram of Your Temporary Food Establishment

In the following space, provide a drawing of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, food and single service storage, garbage containers, and customer service areas.

Event Menu

Please list all foods and any special handling procedures that may apply. **NO MENU CHANGES ARE PERMITTED.**

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Equipment List

Please provide a list of all equipment to be used. Include hot and cold holding units and methods. Also include hand wash station specifications. All equipment must be certified (i.e. UL, NSF, ANSI)

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