



**APPLICATION FOR A LICENSE TO OPERATE  
A TEMPORARY FOOD SERVICE ESTABLISHMENT  
IN THE TOWN OF PLAISTOW**

145 Main Street Plaistow, NH 03865  
Telephone 382-2494 ext. 21 Fax 382-7183  
dhorrocks@plaistow.com

*Please submit application to the Health Department at least 14 days prior to the event.*

1. NAME OF EVENT: \_\_\_\_\_

2. Location of Event: \_\_\_\_\_

3. Date and Time of Event: \_\_\_\_\_

4. Applicant Information: Name: \_\_\_\_\_

dba: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

5. Person (s) In Charge at Site: \_\_\_\_\_

Phone \_\_\_\_\_ e-mail: \_\_\_\_\_

6. List all foods to be served at the event:

Food	on site prep	off site prep
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		
f. _____		

7. Location of any advance food preparation: \_\_\_\_\_

8. Date and time preparation begins: \_\_\_\_\_

9. Describe:

Cold holding equipment: \_\_\_\_\_

Hot holding equipment: \_\_\_\_\_ Cooking equipment: \_\_\_\_\_

Reheating equipment: \_\_\_\_\_

Transportation equipment: \_\_\_\_\_ Length of time in transit: \_\_\_\_\_

10. Thermometer available?: \_\_\_\_\_ Type: \_\_\_\_\_

11. What methods will be used to serve ready- to-eat foods? ( ) disposable gloves ( ) papers  
( ) serving utensils ( ) other \_\_\_\_\_

12. Handwashing facility: ( ) plumbed sink ( ) gravity flow, spigot dispenser

13. Sanitizing solution: ( ) bleach & water ( ) other \_\_\_\_\_

14. Garbage disposal: ( ) lined cans ( ) dumpster

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICATION FEE RECEIVED (\$25.00) \_\_\_\_\_

(Fee waived for Old Home Day and non-profits)

Planning Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_