



**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
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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: _____