

APPLICATION FOR A LICENSE TO OPERATE A <u>TEMPORARY</u> FOOD SERVICE ESTABLISHMENT IN THE TOWN OF PLAISTOW

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

Please submit application to the Health Department <u>at least</u> 14 days prior to the event. All applications and payments can be mailed to Health Department, 145 Main Street, Plaistow, NH 03865.

1.) NAME OF EVENT:		
2.) Location of Event: _		
3.) Date and Time of Eve	ent:	
4.) Applicant Informatio	n: Name:	
dba:	Address:	
City:	State:	Zip Code:
Phone:	Cell Phone:	
E-mail:		
5.) Person (s) In Charge Phone	at Site: e-mail:	
5.) Person (s) In Charge	at Site: e-mail:	
5.) Person (s) In ChargePhone6.) List all foods to be seeFood	at Site:e-mail:erved at the event: on site prep	off site prep
5.) Person (s) In Charge Phone 6.) List all foods to be se Food a	at Site:e-mail:erved at the event: on site prep	off site prep
5.) Person (s) In Charge Phone 6.) List all foods to be se Food a. b.	at Site:e-mail:erved at the event: on site prep	off site prep
5.) Person (s) In Charge Phone 6.) List all foods to be se Food a b c	at Site:e-mail:erved at the event: on site prep	off site prep
5.) Person (s) In Charge Phone 6.) List all foods to be se Food a b c d	at Site:e-mail:erved at the event: on site prep	off site prep

* Please include copies of your current Food Service License/ Permit issued to you though the regulatory authority and the Commissary agreement for any off-site advance food preparation.

APPLICATION FOR A LICENSE TO OPERATE A <u>TEMPORARY</u> FOOD SERVICE ESTABLISHMENT IN THE TOWN OF PLAISTOW

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

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() serving utensils () other	y- to-eat foods? () disposable gloves () papers
12.) Handwashing facility: () plumbed sink	() gravity flow, spigot dispenser
13.) Sanitizing solution: () bleach & water (() other
14.) Garbage disposal: () lined cans () dur	mpster
APPLICANT'S SIGNATURE	
DATE	
APPLICATION FEE RECEIVED (\$50.00) Make checks payable to the Town of Plaistow	