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 Fax 382-7183
health@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: _____

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: *_____

*** 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.**

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)

DH 11/20