



**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
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: _____

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
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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 through 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)