



**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  
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- 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 (\$50.00) \_\_\_\_\_

Make checks payable to the Town of Plaistow