



**TOWN OF WESTMINSTER**  
11 South Street WESTMINSTER,  
MASSACHUSETTS 01473 (978) 874-7409  
·Fax (978) 874-7462  
BOH@westminster-ma.gov  
**BOARD OF HEALTH**

**Application for All Temporary Food Establishment Permits**

**Check which class applies:**

- Class 0** Temporary Food Establishment-non-profit organization provide 501C (3) **\$NC**
- Class 1** Temporary Food Establishment Facility/vendor operates less than 14 days **\$25**  
Or single event/ festival featuring prepackaged food, Non potentially hazard foods\*  
and/or offering sample foods.  
\*Non potentially Hazardous Foods includes but not limited to: foods which do not  
require refrigeration.
- Class 2** Temporary Food Establishment Facility/Vendor operates less than 14 day Single event  
featuring cooking and/or preparing and/ or serving meals on site (Tent or structure) **\$45**
- Class 3** Blanket Permit-- 5 or more vendors with one overseeing manager. **Per Vendor is \$25**  
Number of vendors \_\_\_\_\_ Answer questions on next page \*\*\*
- Class 4** Seasonal Food Establishment-(Mobile unit, cart, tent) **For 6 months \$55**

**All applicants/Food vendors must fill out and attach page 2 with  
application**

Name of Applicant \_\_\_\_\_

Name of Event(s) \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Phone# work/home \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Name of certified person- in charge (PIC) of food \_\_\_\_\_

PIC Home/work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Menu of food and beverages served \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hand washing station set up \_\_\_\_\_

How temperatures will be properly maintained at event?: \_\_\_\_\_



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How foods will be transported to the event?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How sanitation will be maintained at the event?: \_\_\_\_\_

Sanitizer type in use?: \_\_\_\_\_

Describe how foods will be handled, served or distributed at the Event?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* Class 3 permits only:** Complete on separate sheet. Please write legibly.

- Attach a list of all vendors and names of lead persons at each booth, attending this Event.
- Attach ALL foods or beverage items to be sold or distributed from each vendor's booth.
- Attach all local BOH food permit, licenses, or serve-safe certifications for each vendor-label specific to each vendor- Submit to Westminister Board of Health.

**All vendors must submit to BOH:**

- Serve- Safe Certificate and Allergen Awareness Certificate
- Current food vending license from local BOH or State Wholesale license
- Peddlers License if applicable
- Commissary letter if you do not have a permanent address licensed in your name
- Check payable to "Town of Westminister"

**This application is null without the proper approval by the BOH**

**I agree to strictly follow food safety and sanitary procedures to prevent cross contamination and food-borne illnesses according to MDPH Food Code, 105 CMR 590 in its entirety.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send by mail or e-mail to the Westminister MA Food  
 Inspector: aloree@westminster-ma.org