



CIDADE DE MILFORD  
CONSELHO DE SAÚDE

Milford Town Hall 52 Main Street, Milford MA01757

Phone (508) 634-2315 Fax (508) 473-1380

**PEDIDO DE PERMISSÃO PARA OPERAR UM  
ESTABELECIMENTO DE ALIMENTOS**

Taxa de permissão anual: Veja abaixo (a pagar à cidade de  
Milford)

**APLICATIVO PARA UMA LICENÇA DE ESTABELECIMENTO DE  
ALIMENTOS TEMPORÁRIOS** Taxa de permissão sazonal: \$ 75 Taxa de permissão  
de um dia: \$ 15 (pagável para a cidade de Milford) AS TAXAS DE INSCRIÇÃO NÃO  
SÃO REEMBOLSÁVEIS

**INFORMAÇÕES DO CANDIDATO / CONTATO COMERCIAL**

Organização / Nome comercial: \_\_\_\_\_  
Contato principal: \_\_\_\_\_ Email: \_\_\_\_\_  
Endereço de correspondência: \_\_\_\_\_ Cidade: \_\_\_\_\_ Estado: \_\_\_\_\_  
Código postal: \_\_\_\_\_ Celular: \_\_\_\_\_ Fax : \_\_\_\_\_  
Telefone principal: \_\_\_\_\_ Telefone: \_\_\_\_\_  
Nome contato alternativo: \_\_\_\_\_

**CERTIFICAÇÃO:**

Nome dos gerentes certificados em  
gestão de alimentos:

Anexe cópias das certificações

Data de validade

*Os regulamentos de saúde do Conselho de Milford exigem que um gerente de alimentos certificado esteja no local sempre que os alimentos estiverem sendo preparados ou servidos - certifique-se de fornecer certificações de pessoal suficientes para garantir a conformidade*

Detentores de certificação de treinamento de conscientização sobre alérgenos:

Data de validade:

**INFORMAÇÕES DE EVENTO PÚBLICO**

Nome do Evento Público:

Data de início do serviço de alimentação:

Horário de início do serviço:

Hora de término para servir:

Data Final:

Horário de início do serviço:

Hora de término para servir:

Quando começará a preparação da comida?

Telefone:

Se aplicável, número de identificação fiscal sem fins lucrativos:

Localização do evento (nome e endereço):

Nome do coordenador do evento:

**ESTOU CIENTE DE QUE CADA ESTANDE DEVE ESTAR ADEQUADAMENTE EQUIPADA E  
PRONTA PARA OPERAR NO HORÁRIO**

Nome do candidato:

**Estimated Number of Meals to be Served Each Day:** \_\_\_\_\_

**EQUIPMENT LIST:**

Identify equipment used at your temporary food establishment. Check all boxes that apply.

**A Hand Wash Station**

- ☐ Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- ☐ Hand sink
- ☐ Self-contained portable unit
- ☐ Other \_\_\_\_\_

**B Cooking/Reheating Equipment**

- ☐ Grill/BBQ
- ☐ Fryer
- ☐ Oven
- ☐ Roaster
- ☐ Other \_\_\_\_\_

**C Cold/Hot Holding Equipment**

- ☐ Ice chest/cooler with ice
- ☐ Refrigerator
- ☐ Freezer
- ☐ Steam table
- ☐ Grill/BBQ
- ☐ Chafing dish w/ fuel
- ☐ Slow cooker/roaster
- ☐ Other \_\_\_\_\_

**D Floor/Overhead Protection\***

- ☐ Food is prepared & served indoors
- ☐ Floors are cleanable and Impermeable  
Describe: \_\_\_\_\_
- ☐ Canopy/tent
- ☐ Screening
- ☐ Other \_\_\_\_\_

**E Cleaning/Sanitizing**

- ☐ Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- ☐ Extra utensils
- ☐ Bucket with sanitizing solution and wiping cloth(s)
- ☐ Sanitizer

**F Other**

- ☐ Chemical test strips to test sanitizer solution
- ☐ Metal stem thermometer
- ☐ Gloves
- ☐ Hair restraints
- ☐ Electricity available
- ☐ Water source (circle all that apply)

Municipal/City    Water Well    Bottled

\*If extensive foodhandling occurs, it must be done in a fully enclosed space.

**FOOD PREPARATION AND MENU:**

Only food and beverage items listed will be approved to serve.  
Approval for any changes must be requested before the event.

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No  *1	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling?  *2	N Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

\*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)  
\*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

**FOR LOCAL HEALTH DEPARTMENT USE:**

Notes:

Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

## ADDENDUM A:

### COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

**Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:**

I, \_\_\_\_\_ allow \_\_\_\_\_  
*Licensed Food Service Operator/Owner* *Organization*

to use \_\_\_\_\_  
*Name & Address of Licensed Facility Used* *Facility License Number*

For: \_\_\_\_\_ Food Preparation \_\_\_\_\_ Cold Food Storage \_\_\_\_\_ Cooking \_\_\_\_\_ Cooling Food \_\_\_\_\_ Hot Holding  
\_\_\_\_\_ Dry Food Storage \_\_\_\_\_ Warewashing \_\_\_\_\_ Approved Water Supply \_\_\_\_\_ Waste water Disposal  
\_\_\_\_\_ Other: \_\_\_\_\_

Date(s) Licensed Facility will be used for this event: \_\_\_\_\_ to \_\_\_\_\_ Time of use: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\_\_\_\_\_  
*Signature of Licensed Facility Owner/Operator*

\_\_\_\_\_  
*Date*

#### For Office Use Only

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS: \_\_\_\_\_