



TOWN OF TOPSFIELD - BOARD OF HEALTH
8 West Common Street
Topsfield, MA 01983
(978) 887-1520 phone ~ (978) 887-1502 fax
email: health@topsfield-ma.gov; website: www.topsfield-ma.gov

TOPSFIELD FAIR FOOD PERMIT APPLICATION

Business / Establishment Name: _____

Company Name: _____

Owner Name: _____

Owner Address: _____

Telephone #: _____ Emergency telephone: _____

Email: _____

Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):

Name & Title: _____

Telephone #: _____ Emergency telephone #: _____

Name of person(s) certified as Food Protection Manager and in Allergen Awareness:

Please attach copies of the following certifications/documents:

- Food Protection Manager
- Allergen Awareness Trainings
- Worker's Compensation Affidavit

Important information during event:

- No bare-hand food contact/handling
- Change gloves frequently, especially after touching face or potentially hazardous foods
- Maintain safe hot holding/cold holding temperatures
- Probe type thermometer to check food temperatures must be available
- Separate, hanging thermometers must be in all refrigerators/freezers
- Discard unsold hot/cold held food after 4 hours
- Sanitizer spray/solution must be available for use during operation
- Handwashing station with liquid soap and paper towel is required (not hand sanitizer)
- Check waste receptacles frequently (including blue boy/sewage)
- If you feel sick, stay home. Do not allow sick employees to work the booth
- Foods for sampling must be covered, single serve dispensing

Check All That Apply:

Location: Permanent Structure Temporary structure Trailer Tent

Water Source: permanent fixtures in building
permanent fixtures in temporary structure
fairgrounds hose connection to temporary structure or trailer
filled water tank in trailer (source of water)
Cambro/drink dispenser system (source of water bottled/tap)

Sewage Disposal: permanent or connected to inground system
large holding tank (hose to grey tank)
blue boy (hose to mobile holding that must be emptied manually)
grey water bucket or other (must be emptied manually)

Food Operations: Samples Prepackaged foods On site preparation Off site preparation
 Cold holding Refrigeration Hot holding Cooking

Cooking Method: Fryer Flattop / Grill Stove/Oven Electric Appliance (hotplate / microwave)
 Other _____

Location and Type of food storage (ex: refrigerator/freezer trailer; at commissary / main establishment, on site in booth, etc.): _____

What foods will be sold/sampled:

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with the Federal Food Code, 105 CMR 590.000 and all other applicable law.

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Responsible Party:

Date:
