

CHESHIRE BOARD OF HEALTH
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TOWN OF CHESHIRE

Temporary Food Event Organizer Form

EVENT INFO: A list of all Food Vendors attending this event must accompany this application.

Name of Event or Market: _____

Location: _____ Date(s): _____

Hours of Operation: _____ Expected Patrons per day: _____

Drinking Water Provider: _____ Private Well Water: (*attach water sample)

Portable Toilet Provider: _____ # of Portable Toilets: _____

Garbage/ Waste Removal Plan: _____

Check this box if the Organizers of the Event intend to pay the all Health Dept. permit fees for Food Vendors. If yes, Event Coordinator is responsible for \$25/ per day/ per vendor or any late fees accrued by applicants.

Name of Event Organizer(s) or Organization: _____

Primary Contact: _____ Email Address: _____

Telephone: _____ Mailing Address: _____

REQUIREMENTS:

This form must be completed and submitted to the Health Department **30 days** prior to the scheduled event. Event Organizers will be charged \$25.00 each week the form remains incomplete. Every vendor must obtain an individual Food Permit, issued by the Health Department. Please send a copy of the Board of Health's Temporary Food Permit Policy to all vendors so everyone is on the same page with deadlines and late fees. Vendors will be charged a late fee of \$25/per week the application is late. Food vendor applicants are encouraged to apply for all Food Permits through our online permitting website however, mailing in an application is acceptable.

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the MA Food Code 105 CMR 590.000 and allow the Board of Health access as specified under §8-402.11 of the Food Code.

Signature: _____

Date: _____