



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street  
Franklin, Massachusetts 02038-1352  
p. 508-520-4905 f. 508-520-4989

FEE AMOUNT: \$50.00

Permit #

### **TEMPORARY FOOD VENDOR PERMIT**

Host: Name and address \_\_\_\_\_

Food Vendor: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Contact Person / Certified Food Protection Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

Specialty or specialties to be served: \_\_\_\_\_

Estimated number of meals to be served: \_\_\_\_\_

Please note as to whether you will be cooking the food (if applicable) ahead of time and transporting it cooked, or if you are bringing it uncooked and cooking it there: \_\_\_\_\_

Please explain how this food will be kept at the appropriate temperatures (41°F cold, 145°F hot) both during transport and at the event: (for both cooling and heating): \_\_\_\_\_

Explain sanitizers / disinfections used (i.e.: bleach, iodine, quat ammonia, etc.): \_\_\_\_\_

Are catering trucks clearly labeled? \_\_\_\_\_

How will food be kept at temperature and monitored during transport? \_\_\_\_\_

\_\_\_\_\_  
Signature Owner/Operator

\_\_\_\_\_  
Date

**Note:** Establishments that do not hold a Franklin Food permit must provide a copy of the following:

- Current food establishment permit from their local licensing authority
- Copy of ServSafe Certificate
- Copy of Allergen Awareness Training Certificate