



UNIVERSITY OF MASSACHUSETTS/AMHERST
 Environmental Health & Safety
 Environmental Health Program
 117 Draper Hall, 40 Campus Center Way
 Amherst, MA 01003-9244
 Phone: 413-545-2682; Fax: 413-545-2600

APPLICATION FOR TEMPORARY/CATERING FOOD ESTABLISHMENT PERMIT

Name of the event: _____ Date of the Event: _____ UMass Contact Name: _____

Event location: _____

Business Name (permit issued to): _____ Contact Name: _____

Business, (mailing): _____

Business Phone: _____ Fax _____ Contact's Cell: _____

List additional employee names involved in Temporary/Catering Food operations: _____

1. Are you delivering the food? _____ Are you serving the food? _____ Are UMass volunteers serving the food? _____

2. List all foods that will be served at the University for this event:

3. For this event, list all potentially hazardous foods (PHF) and the individual cooking requirements for these foods.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

4. How will you keep your PHF 41°F or below, or 140° F or above during transit? _____

5. What time will the PHF be: cooked: _____ delivered/picked up: _____ set up: _____, served: _____, removed: _____?

6. How will the PHF remain 41°F, or below during serving? _____

How will the PHF remain 140°F, or above during service? _____

7. What is your corrective action if any Cold PHF is above 41°F or Hot PHF is below 140°F? _____

8. _____ I agree, as Vendor/Caterer to list and bring, or supply all necessary equipment for food safety for the function. This includes an **accurate food thermometer, alcohol wipes, sanitizer solution and test strips, cambro units, chaffing units, utensils and gloves.**

9. _____ I agree, as Vendor/Caterer, that all foods shall be thoroughly cooked; chilled ingredients shall be used for all cold dishes; hot food shall be kept at 140°F; cold foods cold at 41°F or below; food shall be protected from dust, flies, and people by covering it. All allergens must be labelled (**foods containing milk, dairy, eggs, egg products, fish, shellfish, wheat, soy, peanuts, and tree nuts**). All leftovers must be discarded.

I understand and agree that food serving time is limited to 1.25 hours from arrival time; travel time cannot exceed 0.75hrs; for a total of 2 hours maximum.

I understand that all food handlers will sign a Food Handler/Volunteer Form and bring this form to the event. The form can be found here: <http://www.umass.edu/ehs/food-handler-volunteer-agreement-form>

Attach a copy of your current food permit from your local Board of Health and your current ServSafe Certificate. The type of foods for the event must be similar to those served at the home base/licensed facility.

If you are using a food establishment not owned or operated by you as a Commissary, attach a memorandum from the food establishment, signed by the owner, stating that you will use the facilities to prepare any food for use on the above dates.

Please attach a copy of your liability insurance covering the time of operation at UMass. (A Certificate of Liability Insurance (CLI) of at least \$1,000,000 minimum is required.) The Temporary/Catering Food Establishment's insurance company can fax Environmental Health and Safety the CLI. The permit holder is the University of Massachusetts, 117 Draper Hall.

You must agree to follow all relevant Massachusetts Food Establishment Regulations and the Federal Food Code.

Please note: Environmental Health and Safety may revoke the Temporary/Catering Food Establishment Permit at any time without any prior notice and for any reason.

Signing this application indicates that you and your business shall comply with the Massachusetts Regulations for Food Establishments; the Federal Food Code, and the above policies:

Name: _____ Date: _____

Signature of Applicant: _____

For Office use only:

Permit No: _____

Date Issued: _____

Permit Issued To: _____

For Food Type: _____

Conditions: _____

Permit Expires: _____

Food Permit Fee: _____

Application Approved by:

Alyssa Rusiecki, RS or Dawn Toon
Environmental Health and Safety

Number

Fee

University of Massachusetts/Amherst
Division of Environmental Health and Safety
Amherst, MA 01003

This is to certify that _____

is granted a

Temporary Food Permit

Event:

For (food Type):

Date Issued:

Date/Time Expires:

This permit is granted in conformity with Federal, State and the University policies and ordinances relating thereto, and expiring as noted unless sooner suspended or revoked.

Signature Date: _____

Alyssa Rusiecki, RS / Dawn Toon
Environmental Health Services - Umass EH&S