



Boston Inspectional Services Department  
Division of Health Inspections  
[www.cityofboston.gov/health](http://www.cityofboston.gov/health)

PLEASE SEND THIS FORM TO LEVY RESTAURANTS AT

Attn: Caitlin Flaherty  
415 Summer Street  
Boston, MA 02110  
Fax: 617.954.2159

TEMPORARY FOOD SERVICE APPLICATION

**\*\*ALL INFO IN PINK IS REQUIRED\*\***

NAME OF APPLICANT: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF OWNER (if different): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

EVENT COORDINATOR: \_\_\_\_\_ PHONE \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DATE/TIME OF EVENT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

**ONLY NO TRANS FAT FOODS CAN BE SERVED** (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED:

ITEMS:

LOCATION PURCHASED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS\*\*\***

**CHECKS MADE OUT TO Levy Restaurants**

**FEES ARE AS FOLLOWS:**

1 DAY EVENT - \$30

\$30 FOR FIRST AND \$5 FOR EACH CONSECUTIVE DAY UP TO 14 DAYS

**EXAMPLE:**

1/1/01=\$30

1/1/01-1/3/01=\$40

**PREPARATION/COOKING FACILITIES:**

ON SITE: YES \_\_\_ NO \_\_\_ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: \_\_\_\_\_  
\_\_\_\_\_

OFF SITE: YES \_\_\_\_, IF YES, WHERE? \_\_\_\_\_

TYPE OF TABLEWARE: PAPER PRODUCTS \_\_\_\_\_ CHINA \_\_\_\_\_

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: \_\_\_\_\_  
\_\_\_\_\_

**FOOD PROTECTION:**

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW): \_\_\_\_\_  
\_\_\_\_\_

REFRIGERATION: REQUIRED \_\_\_ NOT REQUIRED \_\_\_

METHOD OF REFRIGERATION: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF COOKING/HOLDING EQUIPMENT: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: \_\_\_\_\_  
\_\_\_\_\_

**GARBAGE AND RUBBISH:**

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: \_\_\_\_\_

**PERSONNEL AND FOOD HANDLING PRACTICES:**

NUMBER OF FOOD HANDLERS: \_\_\_\_\_

LOCATION OF HANDWASHING FACILITIES: \_\_\_\_\_

LOCATION OF TOILET FACILITIES: \_\_\_\_\_

HAIR RESTRAINTS PROVIDED: YES \_\_\_ NO \_\_\_

DISPOSABLE GLOVES PROVIDED: YES \_\_\_ NO \_\_\_

