City of Nashua • Division of Public Health & Community Services

Environmental Health Department

18 Mulberry Street, Nashua, NH 03060 phone: 603-589-4530

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Temporary Food Service Establishment License Application

TO BE COMPLETED BY PARTICIPATING FACILITY

(NRO 2008 Chapter 170)

Application must	be submitted TWO	WEE	KS before the event for rev	riew and approval.	
Event:		Date(s) of event:			
Location of		How long will you be			
event:		participating in event?			
			e list hours:		
Facility must be ready for inspection prior to distribution of food, or license will not be issued.					
Name to be Printed on I	license:				
Person in Charge of Foo	d:	T			
Address:		City/State/Zip:			
Phone Number:		Cell Phone:			
			at event, to include bever	e e e e e e e e e e e e e e e e e e e	
This list is subject to approval and cannot be changed without prior written consent.					
E 1/D:1/E			stored foods are allowed		
Food/Drink/Etc.	Preparation Please include w		Please describe how	Please describe how	
	foods will be		foods/beverages will be maintained at	foods/beverages will be safely distributed	
	prepared		proper temperatures,	be salely distributed	
	prepared		during transportation		
			and for service		
Source of water for event:					
Source of ice for event:					
Describe method of hand washing:					
Describe method of utensil washing:					
Describe location of trash disposal:					
Describe location of sew disposal:	rage/gray water				

Describe method to prevent custo	omer				
contamination (shields, condiments, etc.):					
Describe location of toilet faciliti	es:				
Describe method of sanitization:					
Appropriate test kit must be provided.					
Describe method of refrigeration:	:				
All potentially hazardous foods must be					
stored at or below 40°F.					
Describe method of hot holding:					
All potentially hazardous foods must be					
stored at or above 140°F.					
Note: You must have an acceptable food service thermometer to monitor hot and cold food temperatures periodically throughout the event.					
temperatures periodically timougnout the event.					
Please provide sketch of temporary food service establishment set up. Identify and describe all equipment including cooking, cold and hot holding equipment, hand washing facilities, work surfaces, dishwashing facilities, storage, trash containers, equipment for customer self service and dispensing of condiments.					
By signing this application, I do hereby agree to comply with the rules and regulations as outlined in this application, the accompanying guidance document and with any additional instructions. I understand that only the foods listed may be sold. Failure to comply with this and all other requirements may result in a license not being issued, or having the license revoked.					
Signed: Date:PLEASE DO NOT WRITE BELOW THIS LINE					
Date received:	Check number:	Check amount:			
Plan review	EH	Approval date:			
completion	Initials:				
date:					

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