



**CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 Massachusetts Avenue
Cambridge, MA 02139
617-349-6100**

**Ranjit Singanayagam
Commissioner**

Office Use Only

Amount Received: _____
Date Paid _____
Inspectional Approval _____
Sanitary Inspector _____

Must provide copy of ServSafe certificate & establishment license if not a Cambridge restaurant.

TEMPORARY FOOD SERVICE APPLICATION

Date: _____

Name of Event: _____

Date of Event: _____ Location: _____

Name of Contact Person: _____

Name of Licensed Establishment: _____

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

Name of Person in Charge (ServSafe certified): _____

Foods to be served: List all foodstuffs.

Where will food be purchased from: _____

Preparation of food at event: yes no

Cooking equipment to be used at event:

Check off equipment being used:

propane	<input type="checkbox"/>	fryolator	<input type="checkbox"/>	grill	<input type="checkbox"/>	wok	<input type="checkbox"/>
sternos	<input type="checkbox"/>	charcoal	<input type="checkbox"/>	propane generator	<input type="checkbox"/>		
diesel generator	<input type="checkbox"/>	other	<input type="checkbox"/>				

All equipment using propane must have a quick disconnect.

Preparation of foodstuffs off site yes no

If yes, where will it be prepared? _____

Food Protection

Describe measures to protect food and maintain temperature during storage & display:

Hot food: _____

Cold food: _____

All food vendors must provide the means to properly wash utensils, etc. Example: You may use 3 bus buckets with soap and water, rinse water and sanitizer. Provide sanitizer for all wiping cloths.

Garbage & rubbish: All vendors must provide their own trash barrels and trash bags. Trash can be disposed of at event. All grease must be removed at the end of the event. The area must be maintained in a clean manner.

Number of food handlers: _____

All food handlers must use hair restraints and gloves.

All vendors must provide means to wash your hands. Example: Provide a container with a spigot that is filled with water. Soap, paper towels and a container to catch the waste water must be available.

Per Allergy Awareness regulation all vendors must post a sign stating "Before placing your order, please inform your server if a person in your party has a food allergy". Must have knowledge of all ingredients.

Please sign and print below indicating that you have read the above information and understand; and that you answered all questions to the best of your ability.

Sign: _____

Print: _____

Inspector's notes:

Trans Fat Free Declaration

I _____
(your name)

representing _____
(name of establishment)

located at _____
(address of establishment)

certify that I have checked the menu items to be provided at _____
(name of event)

in the City of Cambridge on _____
(date of event)

According to my review, all menu items fall into one of the following 4 categories:

1. The ingredients list does not contain any of the following terms: partially hydrogenated, shortening or margarine.
2. If the ingredients list includes the terms partially hydrogenated, shortening or margarine the nutrition facts label lists either 0 grams or less than .05 grams of trans fat per serving.
3. For menu items and ingredients that did not come with nutrition facts label and no ingredients list, I have documentation on file from the vendor that the foods contain 0 grams or less than .05 grams of trans fat per serving. The documentation includes:
 - a. The manufacturer's name, address and phone number
 - b. Product name, serving size and ingredients
 - c. Trans fat content per serving in grams if product contains artificial trans fat.
4. It is an item served in its original sealed packaging with a label from the manufacturer (small bags of chips & cans of soda) and it is exempt from the trans fat regulation.

Therefore, based on this review, I certify that the foods and beverages provided for this event comply with the City's trans fat regulation.

Name

Signature

Job Title

Business/Company

Date

Address