

# Temporary Food Permit

## IMPORTANT:

If you plan to sample food and or beverage at your booth,  
you are required to file a Temporary Food Service Application.

Once you have filled out your Temporary Food Service Application, it must be forwarded with your \$40 payment to:

Conventures, Inc.  
Attn: Jason Makin  
One Design Center Place, Suite 718  
Boston, MA 02210

Please make your checks payable to Conventures, Inc.

Upon receipt of your application and payment,  
Show Management will obtain the permit on your behalf.

Permits will be distributed upon your arrival at exhibitor check-in.

\*You may also fax the application to Show Management  
by Wednesday, March 10, 2010.  
Fax: 617-439-7701

Boston Inspectional Services Department  
Division of Health Inspections  
1010 Massachusetts Avenue  
Boston, MA 02118  
Tel: (617) 635-5326  
Fax: (617)-635-5388  
www.cityofboston.gov/health

TEMPORARY FOOD SERVICE APPLICATION  
\*\*ALL \* INFO IS REQUIRED\*\*

\*NAME OF APPLICANT: \_\_\_\_\_

\*PHONE \_\_\_\_\_

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

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

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

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

\*NAME OF EVENT: **2010 John Hancock Sports & Fitness Expo**

\*EVENT COORDINATOR: **Conventures Inc.**

\*PHONE: **617-439-7700**

\*EVENT ADDRESS: **900 Boylston Street Boston, MA 02115-3101**

\*DATE/TIME OF EVENT: **April 16<sup>th</sup>, 17<sup>th</sup> & 18<sup>th</sup>**

\*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\*\*\***

**FEES ARE AS FOLLOWS: EXAMPLE:**

1 DAY EVENT - \$30 1/1/01=\$30

\$30 FOR FIRST AND \$5 FOR EACH CONSECUTIVE DAY UP TO 14 DAYS 1/1/01-1/3/01=\$40

**PREPARATION/COOKING FACILITIES:**

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

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

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

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

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**FOOD PROTECTION:**

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140oF OR ABOVE), COLD (45oF OR BELOW):

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REFRIGERATION: REQUIRED \_\_\_ NOT REQUIRED \_\_\_  
METHOD OF REFRIGERATION:

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TYPE OF COOKING/HOT HOLDING EQUIPMENT:

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

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**GARBAGE AND RUBBISH:**

DESCRIBE MEANS FOR STORAGE AND DISPOSAL:

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**PERSONNEL AND FOOD HANDLING PRACTICES:**

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

LOCATION OF HANDWASHING FACILITIES:

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LOCATION OF TOILET FACILITIES:

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

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