

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.

If Credit Card payment is preferred, fill out enclosed form

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 9, 2011.
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: **2011 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 15, 16 & 17, 2011**

*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 4/15/11=\$30

\$30 FOR FIRST AND \$5 FOR EACH CONSECUTIVE DAY UP TO 14 DAYS, 4/15/11- 4/17/11=\$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/HOT 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 _____

Credit Card Payment Form:

TEMPORARY FOOD PERMIT APPLICATION: \$40.00

Name: _____

Title: _____

Company: _____

Please Charge my: Visa ____ MasterCard ____ AMEX ____

The Total Amount of \$ _____

Account Number: _____

Exp. Date: ____ / ____

Customer Code#: _____

Name as it appears on Credit Card: _____

Credit Billing Address: _____

City: _____

State: _____

Zip Code: _____

I agree to have my credit card charged the total amount shown above.

Credit Card Authorized Signature:

*Please Note: Credit Card will be listed as Conventures, Inc. on your credit card billing statement.
Please complete this form and fax it to: 617-391-3269, Attn: Jason Makin*