

# 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 6, 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: **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 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**\*\*\*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 \_\_\_\_\_

**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*