



Manchester Health Department
1528 Elm Street
Manchester NH 03101
Tel: (603) 624-6466, Fax: (603) 628-6004

TEMPORARY FOOD PERMIT APPLICANTS

Enclosed are the requirements and an application for a permit to operate a temporary food establishment in the City of Manchester, New Hampshire.

Unless you have a valid Manchester Health Department permit to operate as a mobile food vendor, you must file an application for a temporary permit. A permit to operate a food establishment, such as a restaurant, does not allow you to operate a temporary food establishment without prior approval.

The Manchester Health Department has the responsibility to insure that all foods provided to the public in Manchester are from safe and approved sources. The Health Department cannot issue a permit until this can be ascertained. Establishments which are not in compliance with the NH Sanitary Food Code (or equivalent code if out of state) will not be issued a permit in the City of Manchester. Operation of a food establishment in Manchester be it temporary or otherwise, without a permit is in violation of City Ordinance.

To insure that the Health Department has a sufficient period of time to process an application, all applications should be submitted at least **2 weeks or 10 working days prior** to the planned event. If this is not done a Health Department permit may not be issued and the establishment may not be able to operate at the requested event.

IF YOU NEED TO CANCEL/RESCHEDULE YOUR EVENT – YOU MUST NOTIFY THE HEALTH DEPARTMENT IN ADVANCE VIA THE EVENT CANCELLATION HOTLINE **(628-6003, Press Option #3)**. Failure to do so may prevent you from obtaining a temporary food license in the future.

Please note that all applicants must include:

1. A completed temporary food service application form. (Page 2 both sides)
2. Applicable fees.
3. **IF COMING FROM OUTSIDE MANCHESTER:**
 - a. A copy of your current state or local food permit.
 - b. A copy of your most current (within 6 months) inspection report.
4. **IF YOU ARE NOT CURRENTLY LICENSED BY A STATE OR LOCAL HEALTH DEPARTMENT:**
 - a. A copy of the commissary's current state or local food permit.
 - b. A copy of the commissary's most current (within 6 months) inspection report.

If you have any questions, please contact the Manchester Health Department.



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TEMPORARY FOOD PERMIT REQUIREMENTS

- * KEEP POTENTIALLY HAZARDOUS FOOD ITEMS BELOW 41⁰ F OR ABOVE 140⁰ F SUCH AS MEAT, FISH, POULTRY, DAIRY, FROZEN FOOD ITEMS NEED TO BE STORED AT OR BELOW 0⁰ F.

- * SHIELD FOOD AND FOOD CONTACT SURFACES FROM POSSIBLE CONTAMINATION. PROVIDE OVERHEAD PROTECTION IF OUTDOORS.

- * STORE FOOD ITEMS AT LEAST 18 INCHES OFF THE GROUND WHEN EVENT IS OUTDOORS OR 6 INCHES OFF THE GROUND WHEN EVENT IS INDOORS.

- * PROVIDE AT LEAST TWO GARBAGE CONTAINERS WITH TIGHT FITTING COVERS.

- * KEEP HANDS CLEAN. WASH HANDS AFTER USING TOILET FACILITIES, EATING OR SMOKING.

- WEAR CLEAN CLOTHING THAT INCLUDES A SHIRT OR BLOUSE WITH SLEEVES, HAIR RESTRAINTS AND AN APRON.

- * USE PLASTIC GLOVES OR DISPENSING UTENSILS WHEN PREPARING OR SERVING FOOD PRODUCTS.

- * DO NOT SMOKE OR EAT IN THE FOOD PREPARATION AREA.

- * FOOD ITEMS ARE NOT TO BE STORED IN DIRECT CONTACT WITH ICE.

- * FOOD ITEMS NOT PREPARED ON SITE MUST BE PREPARED IN AN APPROVED LICENSED FACILITY.



Permit # _____ Dist: _____ Approved by: _____ Date: _____
Amt. Pd: _____ Check No: _____ Date: _____

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TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION FORM

Please submit application and check to the Health Department at **least 14 days prior** to the event.

Please print

1. **EVENT NAME:** _____ **Event Address:** _____

Date of Event: _____ **Time event begins:** _____ **Date & time event ends:** _____ **Time of food set-up:** _____

2. Applicant's (Vendor) Name: _____

3. Applicant's Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ **Alt #:** _____ **Fax #:** _____ **Email:** _____

4. **Person(s) In charge at food service site:** _____ **Tel:** _____

5. Location of advanced preparation: _____
(Must be a licensed establishment)

6. Date advanced preparation begins: _____ Date advanced preparation ends: _____

PLEASE FILL IN THE REVERSE SIDE OF THIS FORM WITH FOOD ITEMS TO BE SERVED AT THE EVENT.

7. DESCRIBE ON-SITE EVENT SETUP:

Cold holding equipment: _____ Cooking equipment: _____

Hot holding equipment: _____ Reheating equipment: _____

8. If food is transported to the food service site: What is length of time in transport? _____
How is food to be kept hot or cold? _____

9. Stem-type (0-220° F) Food thermometer available? () Yes () No

10. Handwashing facilities: () plumbed sink or () gravity flow container; location _____

11. Sanitizing Solution: () bleach water or () other _____

12. Garbage Disposal: () cans or () dumpster

13. Method of avoiding bare hand contact of ready to eat foods to be prevented by: (please check the following):

Gloves ___ tongs ___ wax paper ___ other (describe) _____

CLASSIFICATION OF TEMPORARY FOOD ESTABLISHMENT/ PERMIT FEE

() Class IV Temporary Food Service Establishment \$15.00 per day

() Class V Non-profit organizations not holding a liquor permit and not serving meals on a daily basis;
public and parochial schools and institutions; and government facilities No Fee

NON PROFIT TAX ID #: _____

Number of consecutive days _____ **Total Amount Due \$** _____

Applicant's Signature: _____ **Date:** _____

Please List	Please State Yes/No	Please State Yes/No	Please Describe	Please State Hot/Cold	Please State Hot/Cold
Food Item/s (list all)	Off Site Prep	On Site Prep	Onsite Cooking Procedures/equipment	Holding	Serving
Example: BBQ Chicken	N	Y	Grill & chafing dishes	Hot	Hot

Sampling techniques (please include details): _____

FOR OFFICE USE ONLY

	Yes	No		Yes	No
Sources of Food Safe/Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	*Refrigeration Working Properly	<input type="checkbox"/>	<input type="checkbox"/>
Sanitizer Available	<input type="checkbox"/>	<input type="checkbox"/>	*Hand Washing Facility Available	<input type="checkbox"/>	<input type="checkbox"/>
*Potentially Hazardous Foods Meet Temp	<input type="checkbox"/>	<input type="checkbox"/>	Food Protection Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Utensils Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	No Food / Ice Contact	<input type="checkbox"/>	<input type="checkbox"/>
Food Stored 18" off Ground (Covered)	<input type="checkbox"/>	<input type="checkbox"/>	Personnel: Hair Restraint – Apron	<input type="checkbox"/>	<input type="checkbox"/>
Bare Hand Contact Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Disposal Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
			Good Hygienic Practices	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

How to properly prepare and use sanitizers

Either regular (unscented) bleach or quaternary ammonium (in liquid or tablet form) may be used to sanitize your food service equipment and preparation surfaces.

To make the bleach and water solution at the proper concentration, use the following guideline:

Add 1 tablespoon regular bleach to 1 Gallon of water

(This will give you a 200 ppm chlorine solution)

Use chemical test strips to check the concentration of the solution. A bleach and water solution for sanitizing food preparation surfaces and equipment shall be in the range of 50-200 ppm chlorine.

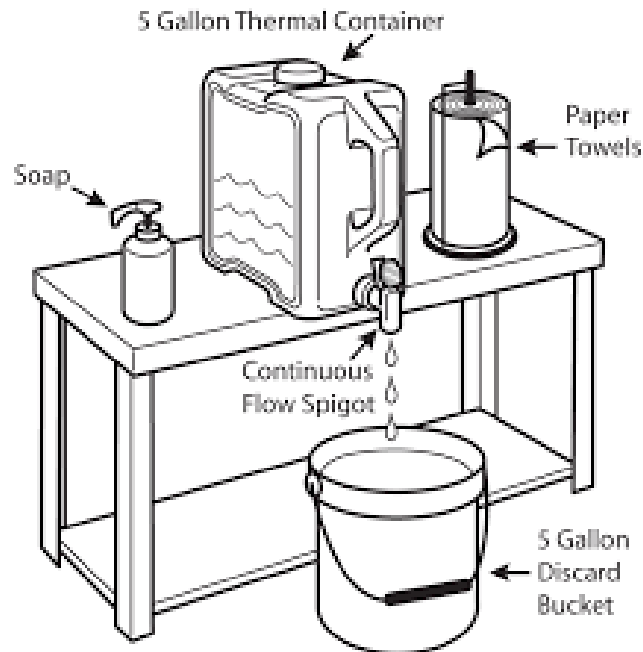
For quaternary ammonium, either liquid or tablet form may be used. If using either the liquid or tablet form, follow the manufacturer's directions on the bottle/container in order to obtain the proper concentration. Use chemical test strips to check the concentration of the solution. Please verify the allowable concentration of quaternary ammonium per manufacturer's guidelines.

Helpful hint: If making a spray bottle of sanitizer, it may be easier to make a large batch of the sanitizer at the proper concentration and then fill the spray bottle, rather than try and make it in the bottle itself.



Check the concentration frequently using the test strips. The solution will need to be changed periodically, especially if it becomes dirty with food or other debris.

Temporary Hand Washing Setup



WASH HANDS:

BEFORE:

- Starting to work/prepare food
- Handling Ready-to-eat food

AFTER:

- Using the restroom
- Sneezing
- Coughing
- Touching face or hair
- Touching raw food
- Eating or drinking
- Emptying/handling garbage
- Smoking
- Handling money
- Any chance of contamination

Provide warm water for handwashing (minimum of 100°F). Ensure that a waste water container is provided and that all waste water is disposed if in the sanitary sewer – not down a storm drain or on the ground.