



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.

#### **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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**1528 Elm Street, Suite 302**  
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### **TEMPORARY FOOD PERMIT REQUIREMENTS**

- \* KEEP POTENTIALLY HAZARDOUS FOOD ITEMS BELOW 41<sup>0</sup> F OR ABOVE 140<sup>0</sup> F SUCH AS MEAT, FISH, POULTRY, DAIRY, FROZEN FOOD ITEMS NEED TO BE STORED AT OR BELOW 0<sup>0</sup> 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 set-up:** \_\_\_\_\_

2. Applicant's (Vendor) Name: \_\_\_\_\_

3. Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Home /Cell Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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

6. Date preparation begins: \_\_\_\_\_ Date preparation ends: \_\_\_\_\_

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

7. DESCRIBE:

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 \_\_\_\_\_

**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

**TAX ID #:** \_\_\_\_\_

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please List Food Item	Please State Yes/No Off Site Prep	Please State Yes/No On Site Prep	Please Describe Cooking Procedures	Please State Hot/Cold Holding	Please State Hot/Cold Serving

**FOR OFFICE USE ONLY**

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
<b>Sources of Food Safe/Sanitary</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Refrigeration Working Properly</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sanitizer Available</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Hand Washing Facility Available</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>*Potentially Hazardous Foods Meet Temp</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Protection Satisfactory</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment &amp; Utensils Satisfactory</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Food / Ice Contact</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Stored 18" off Ground (Covered)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Personnel: Hair Restraint – Apron</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bare Hand Contact Avoidance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Garbage Disposal Satisfactory</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>Good Hygienic Practices</b>	<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. The proper concentration shall be 200 ppm quaternary ammonium.

**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.

**Chlorine Test Kit**



**How to use test strips**

- Make sure the test strip is appropriate for the type of sanitizer.
- Prepare the sanitizing solution.
- Dip a strip into the solution for at least 10 seconds.
- Compare the color the strip changed to with the guide on the outside of the package to determine the solution strength.



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### Temporary Food Permit Requirements

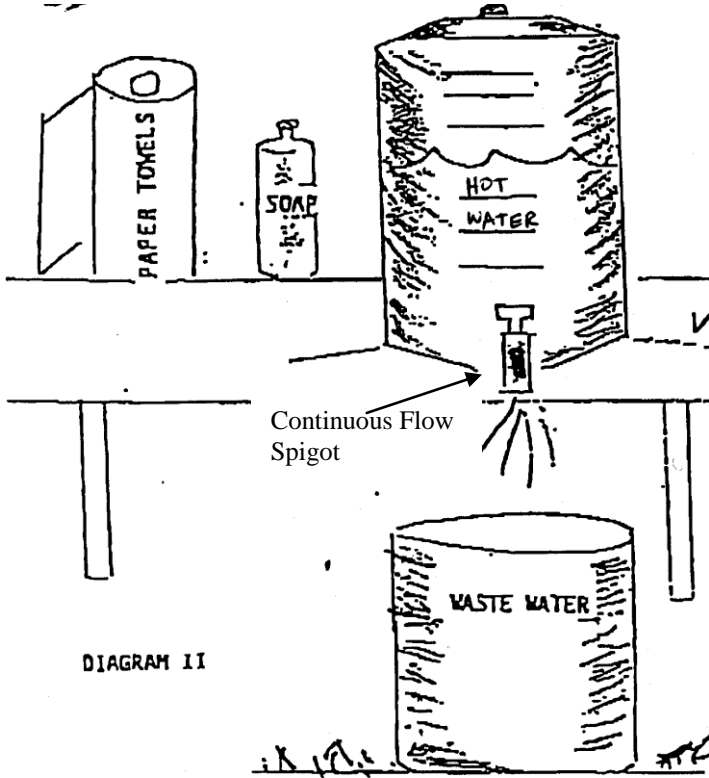


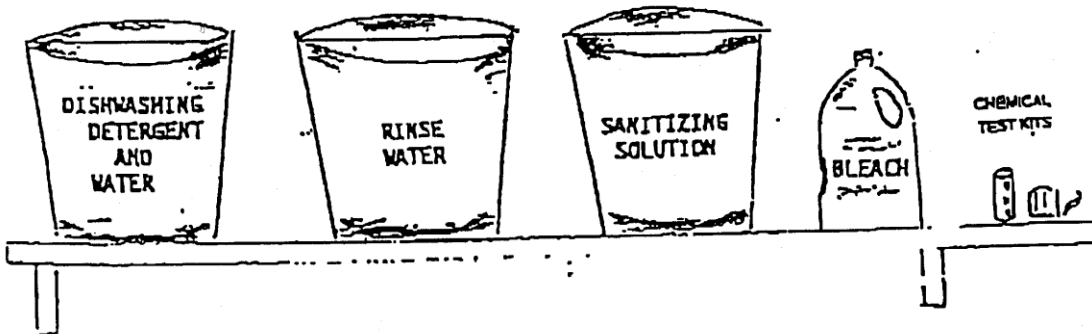
DIAGRAM II

#### Handwashing Facilities:

Provide a five or ten gallon water container with a dispensing valve to leave hands free for washing; a waste-water container; dispensed soap and paper towels for handwashing within the food booth.

**Note:** Ensure water temperatures (>110°F) and water are maintained at appropriate levels throughout event.

Dispose of all water in a sanitary sewer, not a storm drain or on the ground.



**Utensil Washing Facilities:** Booths without commissary facilities require three separate containers of appropriate size for the cleaning and sanitizing of equipment and utensils. One shall contain hot soapy water, one clear clean hot rinse water, and the other an appropriate concentration of sanitizing water (Use one tablespoon of household bleach per gallon of water-check with appropriate test kit 50-200ppm).

**NOTE:** Additional facilities such as a three compartment sink with running water may be required when there is extensive food preparation, or where water, power and sewer connections are available.