



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.

****Please Note:** All applicants are required to contact the City Clerk's office for a peddler's license and possible Special Event Permit 603-624-6455. Contact Parks & Rec 603-624-6565 and Fire Prevention 603-624-6507 for applicable approval and permitting.

The Manchester Health Department has the responsibility to ensure 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 verified. 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 ensure that the Health Department has a sufficient period of time to process an application, all applications with applicable fees shall be submitted at least **14 days prior** to the planned event. Applications submitted without payment **will not be processed**. If a complete application with applicable fee is not submitted 14 days prior to the event, a Health Department permit may not be issued and the establishment may not be able to operate at the requested event.

YOU MUST NOTIFY THE HEALTH DEPARTMENT IN ADVANCE **IF YOU NEED TO CANCEL OR RESCHEDULE YOUR EVENT** VIA THE FOOD PROTECTION EMAIL (food@manchesternh.gov). 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. (Both sides)
2. Applicable fees.
3. Applicable process review documentation verifying products are shelf-stable (self-made bottled sauces, salsas, infused oils, nut butters etc.)

IF COMING FROM OUTSIDE MANCHESTER AND DOING ANY FOOD PREPARATION PRIOR TO THE EVENT:

1. A copy of your current state or local food permit.
2. A copy of your most current (within 6 months) inspection report.

IF YOU ARE NOT CURRENTLY LICENSED BY A STATE OR LOCAL HEALTH DEPARTMENT AND DOING ANY FOOD PREPARATION PRIOR TO THE EVENT:

1. A copy of the commissary's current state or local food permit.
2. A copy of the commissary's most current (within 6 months) inspection report.



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

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TEMPORARY FOOD PERMIT APPLICATION

Please submit **application and fee** to the Health Department **at least 14 days prior** to the event.
Late and Incomplete applications may lead to delayed approval or denial of permit

Please print

1. **Event Name:** _____ **Event Address:** _____

Date/time of Event: _____ **Time of FOOD set-up:** _____ **Date/time event ends:** _____

2. Applicant's (Vendor/Business) Name: _____

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

Telephone: _____ **Email:** _____

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

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

6. Date advanced preparation begins: _____

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

7. **DESCRIBE ON-SITE FOOD SERVICE AREA (FSA) SETUP:**

Event is Indoors/Outdoors: _____ Cold holding equipment: _____ Cooking equipment: _____

Hot holding equipment: _____ Reheating equipment: _____

8. Describe equipment and means of transporting hot and cold food: _____

What is length of time in transport? _____ How is food to be kept hot or cold during transport? _____

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

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

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

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

13. Method of avoiding bare hand contact of ready to eat foods: (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 of operation: _____ **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
<i>Example: BBQ Chicken</i>	N	Y	Grill & chafing dishes	Hot	Hot

Sampling techniques (please include details): _____

FOR OFFICIAL USE ONLY

	In	Out	N/O
Critical (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	N/O
Critical (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	N/O
Critical (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical (41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments/Violations:

Please keep the remainder of this packet as a resource guide. Please complete the pre-inspection form and provide to the inspector on site at the event.

**Have additional questions?
Call the Health Department
at 603-624-6466 or email
food@manchesternh.gov**

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How to prepare and use sanitizers

Either regular (must be unscented and not “splash-less” or “no/low splash”) bleach or quaternary ammonium (in liquid or tablet form) may be used to sanitize your food service equipment and preparation surfaces. Additional food grade sanitizers may be used and must be verified with the Manchester Health Department using EPA registration number

For quaternary ammonium, always follow the manufacturer’s directions on the bottle/container in order to obtain the proper concentration. Most often concentration is 150-400ppm. Sanitizer solution must be maintained at 75°F or above

A bleach and water solution for sanitizing food preparation surfaces and equipment shall be in the range of 50-100 ppm chlorine and maintained at 75°F or above

It is important to note that the bleach-to-water ratio will change depending on the strength of the chlorine. How to determine the strength of chlorine:

Read the fine print on the label. The active ingredient on the label will be listed first and will look as such—this example shows a chlorine strength of 8.25%:

Active Ingredients:

Sodium Hypochlorite.....8.25%
 Other ingredients.....91.75%
 Total.....100%

Water	Bleach Strength 2.75%	Bleach Strength 5.25-6.25%	Bleach Strength 8.25%
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	½ teaspoon	¼ teaspoon

These ratios should provide a 100ppm chlorine concentration

Steps to follow:

- Clean the surface with soap and water before sanitizing
- Rinse with clean water
- Submerge in sanitizer solution for at least 30 seconds
- Air dry equipment fully – do not wipe dry

Be sure to label all spray bottles and sanitizer buckets with proper contents

Promptly return wiping cloths to sanitizer bucket after use

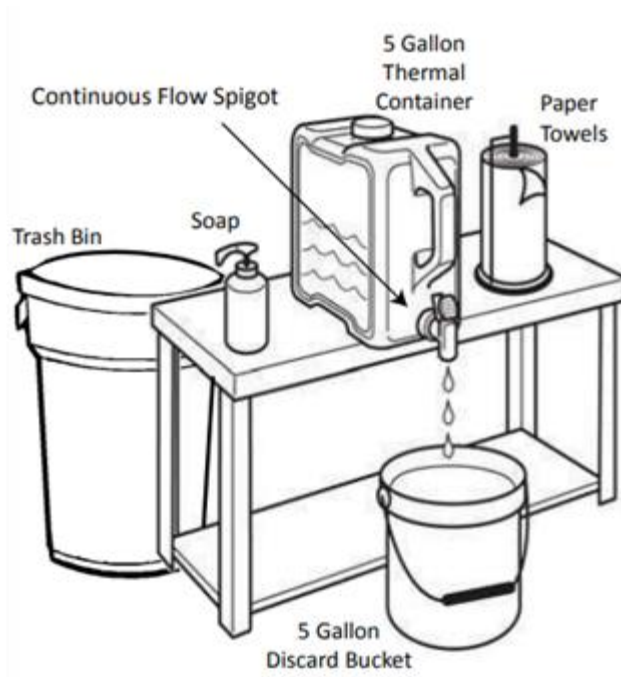
Helpful hint: If making a spray bottle of sanitizer, it may be easier to make a large batch of the sanitizer at the proper concentration and then fill the spray bottle, rather than try and make it in the bottle itself

How to use test strips

- Make sure the test strip is appropriate for the type of sanitizer and that the test strips are not expired
- Prepare the sanitizer solution
- Follow test strip directions for exposure time
- Compare the strip change to the guide on the strip packaging to determine concentration of the solution
- Make sure to change gloves and wash hands after handling chemicals (sanitizer)

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 - and to maintain proper sanitizer temperature (at 75oF or above). Always make and use the sanitizer solution according to the manufacturer’s guidelines

Temporary Hand Washing Set-up



WASH HANDS:

BEFORE:

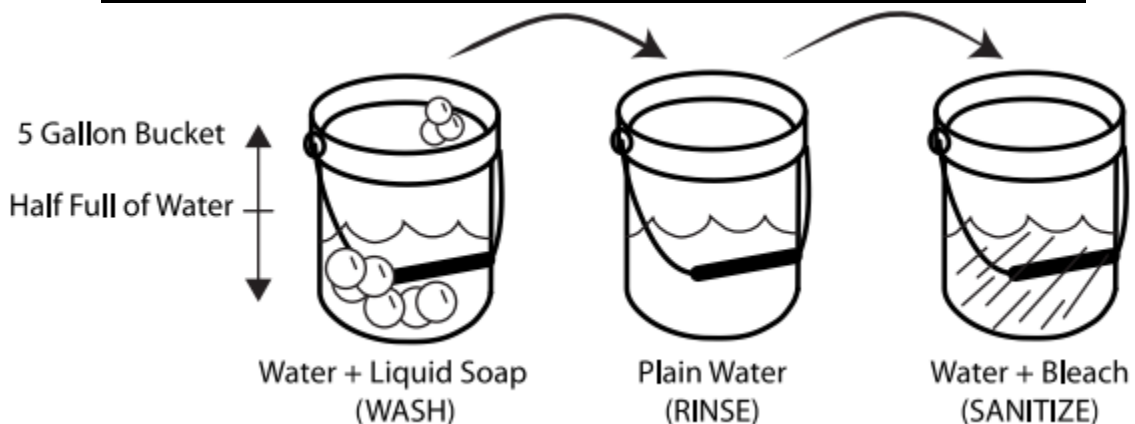
- Starting to work/prepare food
- Handling Ready-to-eat food

AFTER:

- Using the restroom
- Sneezing
- Coughing
- Touching face, hair or clothing
- 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.

Example of Utensil Washing Set-up



Temporary Event Food Service Area (FSA) Pre-inspection/Self Inspection Form

Please complete this form **before you begin prepare or serve food to the public**, and have it available to show the event sponsor and the Environmental Health Inspector

Initial when completed

<p>1. Ensure that all employees/volunteers who are experiencing any of the following symptoms are excluded from food preparation and service:</p> <p><input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Diarrhea <input type="checkbox"/> Jaundice</p> <p>Employees/volunteers who are diagnosed with a communicable illness (such as E. coli, Salmonella, Shigella, Hepatitis A, etc.) must also be excluded from food preparation and service</p>	1. _____
<p>2. All prepared foods must be prepared on-site or in a licensed food service establishment. All potentially hazardous foods that have been pre-cooked in advance must be properly cooled and reheated prior to service.</p> <p><input type="checkbox"/> Prepared potentially hazardous foods were cooled from 140°F or above to 70°F within 2 hours and to 41°F or below within an additional 4 hours</p> <p><input type="checkbox"/> Prepared potentially hazardous foods are reheated to at least 165°F within 2 hours</p>	2. _____
<p>3. Hand-wash station has been set up and is ready to use:</p> <p><input type="checkbox"/> Insulated container of warm water with a continuous flow spigot (can be turned on without having to hold it on)</p> <p><input type="checkbox"/> Catch bucket to collect the dirty water</p> <p><input type="checkbox"/> Liquid hand soap in a pump dispenser</p> <p><input type="checkbox"/> Single use paper towels in a dispenser</p> <p><input type="checkbox"/> Ensure that smoking and eating is not taking place in food storage and preparation areas. Hands must be washed after contamination</p>	3. _____
<p>4. Gloves or barriers to bare-hand contact with ready to eat foods are provided. Gloves must be changed once contaminated and hands must be washed prior to putting on new gloves</p>	4. _____
<p>5. Utensil wash station is set up and ready to use:</p> <p><input type="checkbox"/> 1 bucket with hot soapy water for washing of utensils</p> <p><input type="checkbox"/> 1 bucket with plain water to use for rinsing of utensils</p> <p><input type="checkbox"/> 1 bucket with food grade sanitizer made at the proper concentration (see handout)</p>	5. _____
<p>6. Tasks are delegated by the person in charge to ensure:</p> <p><input type="checkbox"/> Prevention of cross contamination, no bare hand contact with ready to eat foods</p> <p><input type="checkbox"/> Food Service Area (FSA) is maintained in a clean and sanitary manner</p> <p><input type="checkbox"/> Operational corrections are made as necessary</p>	6. _____
<p>7. All food preparation is done inside the FSA with access to the hand washing set up</p>	7. _____
<p>8. If using a grill or fryer, it must be outside of the FSA and not underneath a tent – unless using an approved fire-rated tent (please confirm with Manchester Fire Prevention 603-624-6507)</p>	8. _____

9. I have a calibrated food thermometer available in the booth to measure food temperatures (final cooking, hot and cold holding temperatures)	9. _____
10. All cold foods are submerged in ice to level of product and are maintained at 41°F or below at all times (including times of transport)	10. _____
11. All hot foods are: <input type="checkbox"/> Served directly to the customer, <u>OR</u> <input type="checkbox"/> Hot held at or above 140°F degrees or above at all times <input type="checkbox"/> All leftovers must be discarded at the end of the day and may not be reused	11. _____
12. All open food is protected from overhead contamination, as well as from customer coughing or sneezing. Food and food service items are stored at least 6 inches above the ground	12. _____
13. Trash containers are available inside of the booth	13. _____
14. Self-service condiments are: <input type="checkbox"/> In containers with a hinged lid, <u>OR</u> <input type="checkbox"/> In squeeze bottles, <u>OR</u> <input type="checkbox"/> In individual single-service packets	14. _____
15. I know the location of the on-site clean water supply and where to dispose of my dirty water and/or cooking oil at the end of the event. Location: _____	15. _____
16. Health Permit is prominently displayed in public view (once issued)	16. _____

Name of the person in charge of the booth: _____
(There must be someone designated to be in charge of food safety management and must be present at all times)