



MaryAnn O'Connor
Director
Board of Health

TEMPORARY FOOD ESTABLISHMENT PERMIT

OFFICE OF MAYOR LUNGO-KOEHN

MEDFORD CITY HALL

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APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

A Temporary Food Permit is valid for up to fourteen (14) days

Submit the following Completed Application **at least 14 days PRIOR to the event** with a **NONREFUNDABLE** fee of **\$35.00** made payable to the **"City of Medford"**.

Note: *Permanent food establishments that are permitted in Medford are not required to pay the temporary permit fee but must fill out the application.*

Incomplete applications and missing documents may cause a delay in the review and permit process.

Date of Submission: (MM/DD/YYYY) 03/09/2025

Will Propane Gas be used? ☒ Yes ☐ No

☐ If Yes, a Fire Permit **MUST** be obtained from the Medford Fire Department at (781) 396-9400. If propane is used and a Fire Permit has not been obtained, the Temporary Food Establishment Permit will be null and void.

About your Business / Booth:

Organization / Business Name: Trolley Dogs

Owner's Name (if Applicable): Joyce Dente

Address: 26 Claudette Circle, Framingham, MA 01701

Phone: (617) 412-9641 E-mail: Trolleydogs@hotmail.com

About the Temporary Event

Please list Temporary Event information.

Name of the Event: Boston Glory
Start Date of Event: Saturday, June 21, 2025 End Date of the Event: Saturday, June 21, 2025
Organizer of the Event: Jason Talerma Organizer Phone: (508) 446-2002

Contact Person in Charge (PIC) during the Event(s)

The PIC is the person DIRECTLY responsible for the Food Safety Operations during food preparation and at the event(s)

Name of PIC: Kris Dente
Phone: (617) 412-9641 Email: Trolleydogs@hotmail.com

Is the PIC a Certified Food Manager? ☒ Yes - Submit a copy of the Certificate ☐ No

Does the PIC have an Allergy Awareness Certificate? ☒ Yes - Submit a copy of the Certificate ☐ No

Employees or Volunteers who are experiencing symptoms of Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event as a food handler.

Please review employee health with the staff prior to the event. For more information about employee health visit: <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/default.htm>

Food Information

Will all Foods be prepared at a licensed Food Establishment?

☒ Yes

☐ No

If Yes, Provide a copy of the Food Establishment Permit

List **ALL** TCS (Time/Temperature Control for Safety Food) Food and Beverage items to be prepared and served.

Attach a separate sheet if necessary.

NOTE: Any changes to the menu must be submitted to and approved by the Medford Board of Health Department at least 5 business days prior to the event. Only the Food items listed on the Permit may be offered at the Event

Food Menu Item:	Prepared at approved kitchen (Yes / No)	Prepared On-Site (Yes / No)
Beef hot dogs - frozen	No	Yes
French fries - frozen	No	Yes
Veggie burger - frozen	No	Yes
Chicken sandwich - frozen-precooked	No	Yes

Food Preparation

Describe the Following for TCS (Time/Temperature Control for Safety Food) Foods Prepared at an **Approved Kitchen**

When will Foods be prepared? On site

How will the Foods be transported from the Kitchen to the Event? Freezer and refrigerator

How will TCS (Time/Temperature Control for Safety Food) Foods be held Cold (41°F and below) during transport?

☐ N/A (there will not be any cold holding) Freezer and refrigerator

How will TCS (Time / Temperature Control for Safety Food) foods be held Hot (135°F and above) during Transport? ☒ N/A (there will not be any hot holding)

Describe the Following for TCS (Time/Temperature Control for Safety Food) Foods **Prepared On-Site** at the Event

How will Foods be cooked on site: ☐ N/A (Foods will not be cooked on site)

Boiled, grilled, fried - cooked to order

How will TCS (Time / Temperature Control for Safety Food) food ingredients be held cold (41°F and below):

Freezer and refrigerator

How will TCS (Time / Temperature Control for Safety Food) food ingredients be held Hot (135°F and above):

☐ N/A (there will not be any hot holding)

Cooked warmer / steam table

Food Handling at the Event

Once Prepared, describe the Following for TCS (Time/Temperature Control for Safety Food) Foods at the Event (prepared at an approved kitchen and/or on-site)

How will prepared TCS (Time / Temperature Control for Safety Food) foods be held cold (41°F and below):

Freezer and refrigerator

How will prepared TCS (Time / Temperature Control for Safety Food) foods be held Hot (135°F and above):

☐ N/A (there will not be any hot holding)

Cooker warmer / steam table

How will prepared Foods be monitored during the Event: Temperature / thermometer

Will there be overhead cover? ☒ Yes ☐ No

How Foods will be protected against environmental and customer contamination: Single service

Describe where utensil washing will take place: Three (3) bay sink — commissary and truck

If no utensil washing facilities are available on site, describe the location of back-up utensil storage:

On truck in closed bin

Describe how hand washing will take place:

Hand wash sink on truck

How many hand washing stations will be set-up? One (1)

What type of gloves will be used? (Latex Gloves should not be used): Vinyl

Type of sanitizer that will be used: ☐ Chlorine

Brand Name

☒ Quaternary:

Saniquat

Brand Name

Please add any additional information about your Temporary Food Establishment that should be considered:

Please Note: **Each cart / table etc.** which has a specific function **requires a Seasonal Food Permit**. Carts / tables etc. which are used only to store packaged foods and drinks will not be considered a separate cart.

Permits are not granted on site at the Event

Statement: I, Joyce Dente hereby attest to the accuracy of the information provided in the application and affirm to comply with 105 CMR 590.000 State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments, the FDA 2013 Food Code and any City of Medford Codes and Ordinances. Additionally, I fully understand that any deviation from the above without prior permission from the Medford Health Department may nullify final approval and / or permit.

Signature: _____ Print: Joyce Dente

FOR OFFICIAL USE ONLY

☐ Approved: Restrictions: ☐ NA

☐ Disapproved: Reason(s):

Inspector's Signature:

Print:

Date:

Permit Effective Date(s):