



# CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT 831 MASS. AVE.  
CAMBRIDGE, MASSACHUSETTS 02139 (617) 349-6100

Ranjit Singanayagam  
Commissioner

**Office Use Only**

Amount Rec'd \_\_\_\_\_

Date Paid \_\_\_\_\_

Insp. Approval \_\_\_\_\_

Chief San. \_\_\_\_\_

## **TEMPORARY FOOD SERVICE APPLICATION**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Licensed Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Person In Charge – servsafe certified: \_\_\_\_\_

**\*Must provide copy of ServSafe Certificate & establishment license if not a Cambridge Restaurant.**

Foods To Be Served: List all foodstuffs

_____	_____
_____	_____
_____	_____
_____	_____

Where will food be purchased from: \_\_\_\_\_

Preparation of Food at Event: yes \_\_\_\_\_ no \_\_\_\_\_

**Cooking Equipment at Event: Check off equipment being used:**

**All equipment using propane must have quick disconnects.**

Propane \_\_\_\_\_ fryolator \_\_\_\_\_ grill \_\_\_\_\_ wok \_\_\_\_\_

Sternos \_\_\_\_\_ charcoal \_\_\_\_\_ propane generator \_\_\_\_\_

Diesel propane \_\_\_\_\_ other \_\_\_\_\_

**Preparation of Food off Site:** Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, where will the food be prepared? \_\_\_\_\_

**Food Protection: Describe measures to protect food and maintain temperature during storage & display:** Provide thermometers to check temperatures.

How will you keep food hot during storage and display: \_\_\_\_\_

How will you keep food cold during storage and display: \_\_\_\_\_

All food vendors must provide the means to properly wash utensils, etc. Example: You may use 3 bus buckets with soap and water, rinse water and sanitizer. Provide sanitizer for all wiping cloths.

Garbage & Rubbish: All vendors must provide their own trash barrels and bags. Trash can be disposed of at event. All grease must be removed at the end of the event. The area must be maintained in a clean manner.

**Number of Food handlers:** \_\_\_\_\_

All food handlers must use hair restraints and gloves.

All vendors must provide means to wash your hands. Example: Provide a container with spigot filled with water, soap, paper towels and a container to catch the waste water.

Please sign and print below indicating that you have read the above information and understand; and that you answered all questions to the best of your ability.

**SIGN** \_\_\_\_\_

**PRINT** \_\_\_\_\_

Inspectors notes:

# Trans Fat Free Declaration

I \_\_\_\_\_, representing

(your name)

\_\_\_\_\_

(name of establishment)

located at \_\_\_\_\_

(address of establishment)

certify that I have checked the menu items to be provided at \_\_\_\_\_

(name of event)

in the City of Cambridge on \_\_\_\_\_

(date of event)

According to my review, all menu items fall into **one** of the following four categories:

1. The ingredients list does not contain any of the following terms: **"partially hydrogenated," "shortening,"** or **"margarine."**
2. If the ingredients list includes the terms **"partially hydrogenated," "shortening,"** or **"margarine,"** the Nutrition Facts label lists either "0 grams" or "less than 0.5 grams" of trans fat per serving.
3. For menu items or ingredients that did not come with a Nutrition Facts label and no ingredients list, I have documentation on file from the vendor that the foods contain 0 grams or less than 0.5 grams of trans fat per serving. The documentation includes:
  - (a) The manufacturer's name, address, and phone number
  - (b) Product name, serving size, and ingredients
  - (c) Trans fat content per serving, in grams, if product contains artificial trans fat
4. It is an item served in its original sealed packaging with a label from the manufacturer (small bags of chips, cans of soda) and it is exempt from the trans fat regulation.

Therefore, based on this review, I certify that the foods and beverages provided for this event comply with the city's trans fat regulation.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Job Title \_\_\_\_\_ Business/Company \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_