



Town of Derry
Department of Public Health
14 Manning Street, Derry, NH 03038
Tel: 603-845-5519 Fax: 603-432-6130
www.derrynh.org

APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE

(This license is good for no more than 14 days per calendar year.)

(Please make checks payable to Town of Derry.)

Please submit application to the Department of Public Health 7 days prior to event.

Name of Establishment: _____

Business Owner Name: _____ Phone Number: _____

Address: _____ Email: _____

Person in Charge (PIC) of Booth/Truck: _____ PIC phone #: _____

Motor Vehicle Plate #: _____ VIN #: _____

Year: _____ Color: _____ Make: _____ Model: _____

Type of Ownership: ☐ Sole Proprietorship ☐ Joint Venture ☐ Partnership
 ☐ Corporation ☐ LLC ☐ Other
 ☐ Not for Profit: No fee required

Temporary License fee: \$60.00 Date and Location of Event: _____

Location of Advance Food Preparation : _____

Time Food Preparation Begins: _____ Time Food Preparation Ends: _____

*****Attach a Copy of the Intended Menu*****

Food Item	Off Site Prep (Yes / No)	On Site Prep (Yes / No)	Holding (Hot / Cold)	Serving (Hot / Cold)

If food is transported to the event site:

What is the length of time of transport? _____

How will the food be kept hot or cold? _____

Describe Equipment used for:

Cold Holding: _____

Cooking: _____

Hot Holding: _____

Reheating: _____

Will food thermometer be used? Yes _____ No _____

If Yes, what type of thermometer will be used? _____

Hand-washing Facilities:

Plumbed Sink _____ Gravity Flow Container _____ Other (please explain) _____

Sanitizing Solution:

Bleach Water _____ Other (please explain) _____

Garbage Disposal:

Trash Cans _____ Dumpster _____ Other (please explain) _____

REQUIRED: 1. COPY OF CURRENT FOOD SERVICE LICENSE

**2. COPY OF MOST RECENT FOOD SERVICE INSPECTION REPORT
(WITHIN 1 YR)**

After a properly completed application is submitted, reviewed and approved – a Temporary Food License will be issued.

APPLICANT'S SIGNATURE: _____

TITLE: _____ **DATE:** _____