



## 2017 Long Meddowe Days Food Vendor Guidelines May 20-21

The Longmeadow Historical Society endeavors to ensure that the 2017 Long Meddowe Days Food Court is both safe and successful. We are working with Longmeadow Health Department Director Beverly Hirschhorn and all vendors must comply with Ms. Hirschhorn's guidelines. These guidelines and those of the Longmeadow Historical Society are as follows:

***Please note: All vendors must submit an application for a Temporary Food Permit directly to Elliot M. Levy, 97 Brooks Road, Longmeadow, MA 01106. This application is attached. No fee is necessary, as it is included in your food court application fee. Do not apply directly to Longmeadow Health Dept.***

1. No raw/uncooked meat/fish/poultry may be prepared or served.
2. Any meat/fish/poultry must be pre-cooked and prepared in a licensed establishment. All submitted menu items will be reviewed by Longmeadow Health Department Director for final approval.
3. Foods must be displayed so as to prevent contamination by flies, dust, etc. For example, depending on the product, products may be covered under a clear wrap, a plastic dome, or in a cooler.
4. Mayonnaise must be single-serve packets. Mustard, relish, and ketchup may be served in plastic dispensing bottles.
5. Self-service should be avoided.
6. Dips and other potentially hazardous items must be displayed in a bowl on ice. Any "double-dipping" into dips must be discouraged through signage and vendor control.
7. Vendor must adhere to safe food handling temperatures, noting that the temperature danger zone is between 41degrees F and 135 degrees F.
8. Vendors must prevent any potential cross-contamination and time-temperature abuse. Each vendor should have thermometer to ensure proper temperatures.
9. Vendors must ensure that booth and storage areas are clean & equipment is sanitized.
10. Vendors must remove their vehicles from the common prior to the start of the event each day. Parking is available.
11. The LHS reserves the right to reject an application. Preference may be made to a prior year's vendor or based on date application is received.
12. Vendors are responsible for any and all applicable taxes.
13. **Payment in full is required by May 1, 2017.**
14. Please be sure your area is clean when you leave. **Trash must be carried to dumpster** located in First Church Parking lot on right of church.
15. Single booth rental is for 15 ft frontage
16. **Certificate of Insurance** is required and must be submitted with application.
17. All packaged goods, including those prepared/baked by local non-profits, must be properly labeled in accordance with guidelines for ingredients and allergens. Please see attached Massachusetts guidelines.
18. Any food item given away as samples must be listed, including pre-packaged items. Items not listed on application will be removed from sale.
19. Be sure to include exact electrical needs, including amperage.
20. It is suggested that you should bring extra extension cords for power.
21. **Set Up after 3:00 PM Friday, May 19, 2017.**
22. **All vendors must carry their trash to the dumpster located behind the Montessori School on the common at the end of each day.**

**Long Meddowe Days Food Court Committee 2017 cannot ensure that there will be no duplication of products sold. The committee can advise applicants of any potential conflicts so that adjustments can be made if desired. However, exclusivity of products sold is neither implied nor guaranteed.**

If you have any questions or concerns, please contact Elliot Levy at 413-575-1593 or Email: [captbigelow@aol.com](mailto:captbigelow@aol.com) . Thank you for your interest.



*town of*  
**LONGMEADOW, MASSACHUSETTS**

*phone: (413) 565-4140      20 Williams Street      01106*



BEVERLY S. HIRSCHHORN, CHO, MPH  
Health Director

**BOARD OF HEALTH**  
MICHAEL COPPOLA, M.D.  
BARRY IZENSTEIN, M.D.  
ROBERT RAPPAPORT, D.M.D.  
RICHARD STEINGART, M.D.  
MARY P. TOYE, R.N., M.S.

**APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT**

Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Menu \_\_\_\_\_

**Source of Food**

A. Where prepared

\_\_\_\_\_

B. By Whom

\_\_\_\_\_

**Food Protection**

A. How will hot foods be maintained at safe temp? (150 or above)

En route \_\_\_\_\_

At site \_\_\_\_\_

B. How will cold foods (perishable) be maintained at safe temps?

En route \_\_\_\_\_

At site \_\_\_\_\_

C. Type structure for food service and preparation

Tent \_\_\_\_\_ Mobile Unit \_\_\_\_\_ Enclosed area \_\_\_\_\_ Other \_\_\_\_\_

THE ABOVE INFORMATION IS REQUIRED TO BE SUBMITTED, IN ACCORDANCE WITH REGULATION 20 OF ARTICLE X OF THE STATE SANITARY CODE. THIS PERMIT IS VALID ONLY FOR THE DATE OR DATES SPECIFIED, AND IN NO CASE TO BE VALID FOR OVER FOURTEEN DAYS.

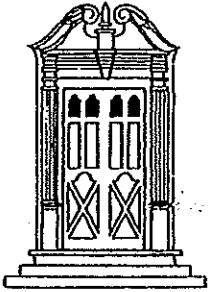
Signature \_\_\_\_\_ Date \_\_\_\_\_

For Businesses Only

*town of*

**LONGMEADOW, MASSACHUSETTS**

*phone: (413) 565-4140 20 Williams Street 01106*



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**MANDATORY CERTIFICATION FOR APPLICANTS  
FOR BOARD OF HEALTH LICENSES**

**I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
By: Corporate Office Mandatory, if Applicable

\_\_\_\_\_  
Social Security or Federal Identification Number  
(Voluntary)

Your license(s) will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass G.L.C. 62C. S.49A.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

For Businesses Only

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: <u>LONGMEADOW</u>	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office.	
6. Other _____	
Contact Person: <u>BEVERLY S. HIRSCHORN</u>	Phone #: <u>(413) 565-4140</u>