



JULY 1-7, 2019

Chowderfest

TUESDAY, JULY 2, 2019 | 12:00 NOON – 2:00 PM
Downtown Crossing, Boston

PARTICIPANT BENEFITS:

- Promote Chowderfest participant on the Boston Harborfest website, advertising, media releases, printed program and social media
- Opportunity to promote your restaurant with flyers, menus and other marketing materials
- 9' x 10' tent with dividers, a 6' table and 2 chairs
- Permit application and permit fee
- Manage best chowder ballots
- 20 promotional tickets given to restaurant for their patrons

PARTICIPANTS PROVIDE:

- Entry fee of \$300
- Minimum 600, 3 oz. samples of chowder
- Crackers, cups, napkins, plasticware, etc.
- Cooking and serving equipment and staffing

**Note that no open flames are permitted. Please prepare your chowder in advance.*





Registration Form

Listing Name (i.e. Restaurant Name): _____

Contact Name, Job Title, Company: _____

Mailing Address: _____

Phone Number(s) (day-of mobile phone is preferred): _____

E-Mail Address: _____

Instagram Handle: _____

Facebook Handle: _____

Twitter Handle: _____

Website/Other: _____

Please return this form to Taylor Jacobs at tjacobs@conventures.com.

Please include an .eps formatted logo.

Food permit applications are due by Friday, June 7, 2019.

For all other questions and concerns, please call

Taylor Jacobs at 617-204-4214 (work) or 617-893-8966 (mobile).



Boston Inspectional Services Department
 Division of Health Inspections
 1010 Massachusetts Avenue
 Boston, MA 02111
 Tel: (617) 635-5326
 Fax: (617)-635-5388

TEMPORARY FOOD SERVICE APPLICATION

***REQUIRED**

NAME OF APPLICANT*: _____ PHONE* _____

NAME OF OWNER* (if different): _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIPCODE*: _____

EMAIL ADDRESS: _____

NAME OF EVENT*: _____

EVENT COORDINATOR*: _____ PHONE * _____

EVENT ADDRESS*: _____

CITY* _____ STATE* _____ ZIPCODE* _____

DATE/TIME OF EVENT*: _____

SIGNATURE OF APPLICANT*: _____

ONLY NO TRANS FAT FOODS CAN BE SERVED (effect. 9/13/08)

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED. IF SHELLSTOCK IS UTILIZED, PLEASE HAVE COPIES OF TAGS AVAILABLE FOR INSPECTION.

ITEMS:

LOCATION PURCHASED:

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

FEES ARE AS FOLLOWS:

1 DAY EVENT - \$30

EXAMPLE:

1/1/01=\$30

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT: _____

OFF SITE: YES ___, IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT: _____

FOOD PROTECTION:

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW): _____

REFRIGERATION: REQUIRED ___ NOT REQUIRED _____

METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY: _____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES ___ NO ___

DISPOSABLE GLOVES PROVIDED: YES ___ NO ___

