

Nantucket Public Schools
10 Surfside Road
Nantucket, MA 02554

Mobile Food Unit on School Premises – Application Form

Application Process

The Mobile Food Unit (MFU) on school premises application form must be submitted prior to event date to the Facilities & Grounds Department, to NHS, 10 Surfside Road, Nantucket, MA. The request will be forwarded for approval to the Director of Facilities & Grounds and the Superintendent. NPS reserves the right to refuse a MFU application on school property. In the event of any damage to or theft of property the MFU will be charged for the cost to replace or repair the damage or theft.

Date: _____

Mobile Food Unit Name: _____

Mobile Food Unit Owner _____

Contact Person responsible for this permit: _____

Phone: _____ E-mail: _____ Fax: _____

Address: _____

Website: _____

Location/Event requested: _____

Date(s) Reservation: _____

Start & End Time: _____

Intended use: _____

This permit will be issued for outdoor events only.

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Requirements that must be included in this application:

1. A Liability Insurance Certificate with a minimum amount of \$1,000,000 coverage. Combined single limit for bodily injury and property is required (The Town & County of Nantucket and Nantucket Public Schools must be named as additional insured).
2. A current Mobile Food Unit Permit issued by the Town of Nantucket (*see here the [Mobile Food Unit Application](#)*)
3. A completed CORI form (attached) for each person who will be on school property.
4. A check for the total fee of \$600 made payable to the Nantucket Public Schools.
5. All forms must be signed by the authorized owner of the Mobile Food Unit.
6. If two or more Mobile Food Units are at the same event and location, the Town also requires a Temporary Food Permit to be submitted to the Town (the form is attached).

Facility & Grounds Usage

The use of all facilities & grounds will be at the discretion of the Superintendent and the Director of Facilities & Grounds. The appropriateness of the activity should adhere to the proper use of a school building or grounds. And the activity should provide the community with artistic, cultural, recreational, athletic or educational benefit.

Area allowed for parking

The MFU(s) will be allowed to park in areas determined by the NPS depending upon the event and the location of the event. Some areas to be considered are; the Elementary School parent parking lot (area 1), the First Way parking lot (area 2), the far eastern end of the football field on the track (area 3), or any other place on campus that NPS deems appropriate for the event and has been previously approved. Please see the attached campus map.

Smoking & Alcohol

Massachusetts Law prohibits smoking and alcohol on school property, therefore no tobacco products, vaping products and/or alcoholic beverages are allowed while on any of the Nantucket Public Schools (NPS) properties. If alcohol, vaping and/or tobacco is found on or around any part of the NPS, this permit will be immediately revoked.

Food & Drinks

The vendor shall adhere to all federal, state and local guidelines for the sale and preparation of food from a Mobile Food Vendor Unit, including but not limited to:

- a. All packaged food must come from a licensed source, and must be packaged and labeled;
- b. Employees and vendors must be able to wash hands with soap and hot water within the mobile unit.
- c. At the concession unit, foods must be adequately protected from the elements, insects, and the public. Good food-handling practices must be observed;
- d. Only single-service items may be used;
- e. Only single-service condiments shall be used;
- f. Only single canned or bottled beverages will be allowed for sale; canned and bottled beverages may be stored in ice.
- g. Vendors are responsible for trash and recycle bins/barrels and their proper disposal in their immediate area after the event; trash and recycling bins shall be kept clean and emptied regularly. Trash and recyclables must be taken by the vendor at the end of each day and disposed of properly. NPS dumpsters are not to be used for disposal.
- h. No power or water services will be provided for the use of the Mobile Food Unit

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- i. All persons working on or for the Mobile Food Unit that will be on NPS property must be CORI checked. The CORI form must be filled out and attached to this application along with a copy of the person's photo ID.
- j. The mobile vending unit must be sanitized kept clean at all times. A labeled spray bottle of sanitizing solution must be available for cleaning all food contact surfaces:

Liability Insurance Certificate

Together with the Facilities Use Request Form, you will need to submit a current certificate of liability Insurance, with a minimum amount of \$1,000,000 coverage. Combined single limit for bodily injury and property is required (The Town & County of Nantucket and Nantucket Public Schools must be named as additional insured).

Cancellation Process

NPS shall have the right to revoke the MFU permit from the Vendor for reasonable cause, including, but not limited to: (a) failure to maintain a sanitary mobile vendor unit in conformity with all applicable state and local standards, (b) inappropriate, offensive, or criminal behavior by the vendor, or any employee or agent of the vendor, (c) failure to maintain a respectable, family-oriented, food service operation in the best interest of the public, the Nantucket Public Schools and the Town of Nantucket.

Payments Process

Payment in full must be submitted with this application, in the form of a check payable to the Nantucket Public Schools. If the event is not approved, the check will be returned to the applicant.

I certify that I am the duly authorized representative of the requesting organization and that I am at least 21 years of age. I will assume responsibility for conforming to the Nantucket Public Schools rules, regulations and policies and any limitations stated in any permit granted as a result of this request. I have read and agree to the attached Indemnity Agreement. I hereby agree to all policies and quoted facilities use fees.

Applicant Printed Name:	
Applicant Signature:	
Date of Signature:	

HOLD HARMLESS INDEMNITY and INSURANCE AGREEMENT

In consideration of permission to use the public facility described below, the Applicant agrees to save andhold the Town of Nantucket, Nantucket Public Schools, its agents, servants, and employees harmless from any and all liabilities or costs and expenses arising out of use, loss of use of the described premises and/or property or equipment by the Applicant, the Applicant's guests, and/or persons.

The applicant acknowledges that the permission to utilize the facilities is limited to the portion of the premises herein described (if applicable), and that the permission is valid only for the activity herein described. Notwithstanding the foregoing, the Hold Harmless agreement shall be applicable to any claim asserted against the Town of Nantucket and/or Nantucket Public Schools, its agents, servants, and employees, and for any loss incurred arising out of the applicant's activity whether or not such claim or loss extends beyond the permitted type of locale of activity or occurs on a different date than specified. The Town and School are not responsible for any loss of or damage to and/or loss of Applicant's equipment. The applicant is responsible for all of their equipment or property while on school premises.

The applicant shall provide to the school prior written proof of Commercial General Liability insurance in the minimum amount of \$1,000,000

CSL (combined single limit) with the Town & Country of Nantucket and Nantucket Public Schools added as additional insured's.

Should the Applicant hire contractors and/or specialists who will be doing installations or renovations on town/school property, the Applicant is responsible for their insurance or making sure these individuals show proof of insurance prior to starting any work along with naming the town and school as additional insured's and giving proof of insurance prior to starting any work along with naming the town and school as additional insured's and giving proof to the school prior to work being started. A minimum insurance requirement is not less than \$1,000,000 general liability and statutory workers compensation and employer's liability insurances.

The Applicant hereby indemnifies the Town of Nantucket and Nantucket Public Schools and assumes full responsibility for any risk as stated in this agreement and for any risk of bodily injury, death, property damage, loss, liability, or cost and expenses that may occur arising out of or related to Applicant's use of or loss of use of these premises.

Applicant Name:	
Applicant Signature:	
Date of Signature:	

The fee is \$600 per event, per day, payable by check to the Nantucket Public Schools which will be dispersed equally to the Booster's Club and the Facilities & Grounds Revolver.

Approvals:

Superintendent: _____

Facilities Director: _____

Mobile Food Units will be assigned an area to park. The area or areas assigned to this permit are:

Some suggested areas are shown below.



Elizabeth Hallett, Ed.D.
Superintendent
508-228-7285
508-325-5318 (fax)

Nantucket Public Schools
10 Surfside Road
Nantucket, MA 02554



NANPS
CH 385 G

CORI REQUEST FORM

PLEASE FILL IN ALL FIELDS

Nantucket Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature (Unless otherwise preempted by law)

Last Name (Print) First Name (Print) Middle Name (Print)

Date of Birth: _____ - _____ - _____

Maiden Name or Alias (if applicable)

Social Security Number: XXX - _____ - _____

Current Address: _____

Former Address: _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

State Driver's License #: _____ State: _____

**THIS INFORMATION WAS VERIFIED WITH THE FOLLOWING GOVERNMENT ISSUED
PHOTOGRAPHIC IDENTIFICATION (please attach):** _____

Requested By: _____

Signature of CORI Authorized Employee

Requested By: _____

Signature of Department Head or Supervisor Requesting CORI Report

Please include a copy of your Photo ID

*The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

AN EQUAL OPPORTUNITY EMPLOYER
Updated 08/09/2010

Fees:
\$30.00 for non TCS* foods
\$50.00 for TCS* foods

* time/temperature control for
safety of foods

HEALTH DEPARTMENT
TOWN OF NANTUCKET
3 East Chestnut Street
NANTUCKET, MASSACHUSETTS
(508)228-7200

APPLICATION FOR A TEMPORARY EVENT FOOD BOOTH
MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO THE EVENT

NAME of EVENT _____

DATE of EVENT _____ Beginning time _____ Ending Time _____

LOCATION of EVENT _____

NAME of FOOD BOOTH AND OPERATOR _____

Address _____ phone _____

Email _____

Name of ServeSafe & Allergen Certificate Holder _____

Attach Certificates

1. List all foods and beverages that will be served on a separate sheet (include condiments).

2. Attach ServeSafe if required – phone number for certificate holder _____

3. Where will food be stored and/or prepared before the event ? _____

Name of Establishment/Location? _____

Food Preparation date(s) _____

How will food be delivered? _____

4. How will cold foods be kept cold (below 41° F.)? (meat, poultry, seafood, and dairy) _____

5. How will hot foods be kept hot (above 135 ° F)? (cooked meats, vegetables, seafood and soups) _____

6. Describe hand sanitizing procedures **inside** booth: _____

7. How will large items (cutting boards, serving trays), and utensils **be sanitized**? _____

*****Health Department Use*****

Application reviewed by _____

comments/concerns:

APPROVED BY: _____ DATED: _____

Updated January 1, 2016 per Board of Health meeting December 17, 2015