



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health

401 Middle Road, P.O. Box 119
Chilmark, MA 02535
Tel: (508) 645-2105
Fax (508) 645-2110
E-mail: boh@chilmarkma.gov
Hours: 9am to 2pm, M-F

Temporary Food Establishment Permit Application

This form must be submitted no less than 14 days prior to the event date

Permit # 2021- _____

Date: 11/22/22

Fee: \$10 pd _____

Applicant: Leif Iversen

Address: 5 Old Ridge Hill, Chilmark, MA

Phone #: 774-310-5564 E-mail: _____

Name/Location of the Event: Pandoras box / salt Rock Chocolate
holiday pop-up

Event date: Wednesday and Saturday Hours: _____ to _____
Nov-23 - Dec. 17

Number of People to be Served: _____ Highly-Susceptible? Y / N

1. Food to be served: *attach menu if necessary*

List all foodstuffs

Hot coffee Source airpot dispenser

2. Preparation/Cooking Facilities: *describe facilities, processes and equipment*

On-site: _____

Off-Site Location/name of kitchen: Orange Peel Bakery Certified? Y / N

Brewing hot filter coffee

3. Food Protection during Transport and Service: *describe processes to protect food and maintain temperature during storage, display and transportation:*

Transported in
coffee dispenser

4. Personnel and food-safe practices: *Designated, on-site PIC with Serv-Safe required except at bake sales*

Number of staff assigned to food service: 1

Tasks assigned to food staff members: *demonstrate segregation of money handling, ready-to-eat food service and raw food handling:* _____

Name of on-site PIC is: _____

Measures to ensure hot/cold holding: _____

Measures of cook-temp of animal-origin food: _____

5. Additional Requirements:

Toilet/handwashing facilities _____

Refrigeration or ice for sensitive foods _____

Measures to avoid bare-hand contact with RTE foods on display (i.e. tongs, serving tissues, napkins etc) _____

Garbage/Rubbish: _____

Please note: Home canned foods and foods cooked or prepared in a home kitchen may NOT be offered at temporary food events. The only exception to this is for baked goods being offered at a bake sale for a non-profit agency. Any potentially hazardous foods which are pre-cooked and pre-cooled off site for service at the temporary food event MUST be prepared at a licensed food establishment.

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To be completed by Board of Health:

Action Taken: *Approved:* _____ *Denied:* _____

Conditions for Approval/ Reasons for Denial:

Applicant Signature: *Tiff Lueser* Date: 11/22/22

Approved by: _____ Date: _____



Certificate of Achievement



AMSI
The
Accomplished
Institution

This certificate is awarded to
LEIF IVERSEN

Congratulations! You have completed

ServSafe® Food Handler

Empowering People, Enhancing Quality, Ensuring Food Safety

Certificate Number: **5399510** Date: **12/16/2024**

Expiration Date: **12/16/2024**

National Restaurant Association

1115 North Washington Street, Suite 1000

Washington, DC 20004

Phone: (202) 462-2000 Fax: (202) 462-2001

www.restaurant.org



**SHARED KITCHEN AGREEMENT BETWEEN
MARTHA'S VINEYARD COFFEE COMPANY AND ORANGE PEEL BAKERY**

Leif Iversen representing “**Martha’s Vineyard Coffee Company**” and **Julianne Vanderhoop** representing “**Orange Peel Bakery**” agree to share a commercial kitchen space located at 22 State Rd, Aquinnah, MA 02535, United States, presently owned by **Julianne Vanderhoop**. **Leif Iversen** agrees to incidental or secondary use of the kitchen and in no way will impede, interfere or disrupt the use of the space by **Julianne Vanderhoop**, the primary user.

The Designated Area subject to this agreement shall consist of a designated counter space and sink area. Unlimited access to this area shall be provided to the secondary user **Leif Iversen**. **Leif Iversen** should be allowed three days a week to convene weekly from 5:00 PM - 9:00 PM or thereafter by prearrangement with **Julianne Vanderhoop**. Limited access shall be provided to the designated coffee station during morning hours or otherwise agreed upon by mutual consent by the parties subject to this agreement.

As the secondary user, **Leif Iversen** agrees to maintain all areas and equipment used in a clean, sanitary, professional fashion and conform to all practices set forth in the Massachusetts Food Safety Code and additionally shall comply with all local and town food ordinances. Furthermore, they agree to maintain their individual ServSafe certificates during the time this agreement is in force.

Martha’s Vineyard Coffee Company: *Leif Iversen*
Leif Iversen

Orange Peel Bakery: *Julianne Vanderhoop*
Julianne Vanderhoop

Dated: 11/30/22 - 11/3/23

NUMBER

22-1A

THE COMMONWEALTH OF MASSACHUSETTS
Board of Health of the Town of Aquinnah

FEE

PERMIT TO OPERATE

In accordance with Regulations promulgated under authority of Chapter 91, Section 305A and Chapter 111, Section 5 of the
General Laws a Food Establishment Permit is hereby granted to:

IV Coffee Co. Leif Iverson

whose place of business is Orange Peel Bakery

type of business any restrictions 105 CMR 590.000

Permit Expires: May 30, 2023

Agent: Maria Fect
Health Agent, Aquinnah Board of Health

ISSUED: 12/1/2022

Copy of ...

NUMBER

8222

The Commonwealth of Massachusetts

Board of Health of the

Town of Aquinnah

FEE

\$100

PERMIT TO OPERATE A FOOD ESTABLISHMENT

Permit No. 8222

6/17 2022

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Whose place of business is

Orange Post Bakery
State Rd

Type of business and any restrictions

Retail Kitchen
Aquinnah

To operate a food establishment in

(City or Town)

Permit Expires 12 months 20

Board of Health

[Signature]
6/17/22

