



**TOWN OF SCITUATE BOARD OF HEALTH
TEMPORARY FOOD PERMIT APPLICATION**

600 Chief Justice Cushing Highway
Scituate MA 02066
781-545-8725

This completed application, fee, and certificates (if req.) must be submitted to the Board of Health at least one week in advance of an event.

FOOD APPLICATION TO OPERATE AT A TEMPORARY EVENT

Today's date: _____ Event Location: _____

Event Name: _____ Hours of Food Operation: _____

Event Date(s): _____ Address & Phone: _____

Event Sponsor: _____

Applicant Name, Title & Phone Number: _____

Applicant Phone Number & Email Address: _____

Applicant Address: _____

Person in charge during the event: _____

(each food permit requires a PIC unless the event coordinator provides one for the entire event. Effective October 1, 2001, for-profit operators must be Certified as Food Manager and copies of Certificates must accompany applications. Please provide copies of ServSafe certification and Allergen Awareness certificate)

FARMERS MARKET \$50 NON-PROFIT ORGANIZATION \$20 PROFIT ORGANIZATION \$35

ADDITIONAL INFORMATION:

1. Proposed Menu (include all food items and beverages): _____

2. Name, Address & Phone Number of Food Preparation Facility (attach copy of Town/City license if not in Scituate): _____

3. Name & address of facility where equipment will be cleaned and sanitized? _____

4. Handwash Facility Location: _____

COMPLIANCE WITH THE GUIDELINE FOR FOOD PERMITS AT TEMPORARY FOOD EVENTS IS A REQUIREMENT

Pursuant to MGL Chapter 62C, section 49A, 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 APPLICANT : _____

BOARD OF HEALTH OFFICE USE:
Name: _____
Fee Received: _____
Date of Application: _____
Permit Approved: _____