



Town of Swampscott
OFFICE OF THE
Board of Health
ELIHU THOMSON ADMINISTRATION BUILDING
SWAMPSCOTT, MASSACHUSETTS 01907

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

FEE: 1-2 DAYS = \$ 30.

3+ DAYS = \$ 60.

CHECK PAYABLE TO THE TOWN OF SWAMPSCOTT, NO CASH

NAME OF EVENT Swampscott Arts & Craft Festival

Linscott Park, Monument Ave., Swampscott, MA

DATE(S) OF EVENT September 7 & 8, 2019

NAME OF APPLICANT _____ TELEPHONE# _____

ADDRESS

NAME OF BUSINESS _____ TELEPHONE# _____

ADDRESS

CERTIFIED FOOD MANAGER'S NAME **CERTIFICATION#**

A PLAN OF THE ESTABLISHMENT IS: ENCLOSED DRAWN ON THE BACK

TYPE OF REFRIGERATION: GAS ICE DRY ICE OTHER

METHOD FOR COOKING/HOT HOLDING: GAS OTHER

METHOD FOR SANITIZING: CHEMICAL OTHER

SOURCE OF FOOD:

NAME: _____ ADDRESS: _____

FOODS TO BE SERVED INCLUDING INGREDIENTS AND METHOD OF PREPARATION:

I HAVE READ THE BOARD OF HEALTH, "REQUIREMENTS FOR TEMPORARY FOOD ESTABLISHMENTS." I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THOSE REQUIREMENTS. I UNDERSTAND THEM, AGREE TO ABIDE BY THEM AND UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REVOCATION OF MY TEMPORARY FOOD ESTABLISHMENT PERMIT.

PERSUANT TO MGL C62C, S49A, 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

Date

Social Security or

Federal Id #----TEMPAPPL revised 3/9/05

Permit #

Check# & Date