



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
LOCATION Linscott Park, Monument Ave., Swampscott, MA
DATE(S) OF EVENT September 12 & 13, 2020 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 3/9/04 Permit # _____ Check# & Date _____