



BOXFORD BOARD OF HEALTH

Application for Temporary Food Permit 2019 Apple Festival

Fee: \$50.00

Name of applicant: _____

Event Address: _____

Phone: _____

Person in Charge: _____

Date: _____ Time: _____

Proposed menu/and or food items: _____

Applicant Signature

Date: _____

BOARD OF HEALTH

Kendell L. Longo
Health Agent

Date: _____

This form is to be submitted to the Board of Health at least seven days before the catered function.

