



## BOXFORD BOARD OF HEALTH

### Application for Temporary Food Permit

**Fee: \$50.00**

Name of applicant: \_\_\_\_\_

Event Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Proposed menu: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

### BOARD OF HEALTH

\_\_\_\_\_  
Date: \_\_\_\_\_

**Kendell L. Longo**  
**Health Agent**

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

