



**BOXFORD BOARD OF HEALTH
FOOD PERMIT APPLICATION
LINCOLN HALL / GAZEBO**

Name of Applicant: _____

Address: _____

Phone: _____

Person in Charge: _____

Date of Event: _____ Time: _____

Proposed Menu: _____

BOARD OF HEALTH

_____ Date: _____

Kendell Longo, Health Agent

_____ Date: _____

Applicant

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