



**TOWN OF SCITUATE BOARD OF HEALTH  
TEMPORARY FOOD PERMIT APPLICATION  
CHECKLIST**

600 Chief Justice Cushing Hwy  
Scituate MA 02066  
781-545-8725

*Each applicant providing food or drink will need to fill out the attached temporary food permit application and provide the associated fee listed at the top of the application.*

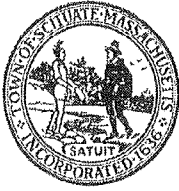
***If the applicant (or applicant's source of food or drink) operates from a town other than Scituate, the following must be provided:***

- 1) Completed application
- 2) Applicable fee found on the application form
- 3) A copy of the annual permit from the Town in which the applicant (or applicant's source of food/drink) is based
- 4) Copies of the last two inspection reports conducted by the Health Department in which the applicant (or applicant's source of food/drink) is based
- 5) A copy of the applicant (or applicant's source of food/drink) ServSafe certification
- 6) A copy of the applicant (or applicant's source of food/drink) allergen awareness training certificate

***If the applicant (or applicant's source of food or drink) is based in Scituate, the following must be provided:***

- 1) Completed application
- 2) Applicable fee found on the application form

**The completed application package must be received by the Board of Health at least one week prior to the event.**



**TOWN OF SCITUATE BOARD OF HEALTH  
TEMPORARY FOOD PERMIT APPLICATION**

600 Chief Justice Cushing Highway  
Scituate MA 02066  
781-545-8725

This completed application, fee,  
and certificates (if req.) must be  
submitted to the Board of Health  
at least one week in advance of an  
event.

FOOD APPLICATION TO OPERATE AT A TEMPORARY EVENT

Today's date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Name: \_\_\_\_\_ Hours of Food Operation: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Applicant Name, Title & Phone Number: \_\_\_\_\_

Applicant Phone Number & Email Address: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Person in charge during the event: \_\_\_\_\_

*(each food permit requires a PIC unless the event coordinator provides one for the entire event. Effective October 1, 2001, for-profit operators must be Certified as Food Manager and copies of Certificates must accompany applications. Please provide copies of ServSafe certification and Allergen Awareness certificate)*

**PROFIT ORGANIZATION: \$35 per vendor for 1 day, \$50 for multiple continuous days at same event**  
**NON-PROFIT ORGANIZATION: \$10 per vendor for 1 day for up to three vendors, \$15 per vendor per day if greater than 3 vendors**

ADDITIONAL INFORMATION:

1. Proposed Menu (include all food items and beverages): \_\_\_\_\_

2. Name, Address & Phone Number of Food Preparation Facility (attach copy of Town/City license if not in Scituate): \_\_\_\_\_

3. Name & address of facility where equipment will be cleaned and sanitized? \_\_\_\_\_

4. Handwash Facility Location: \_\_\_\_\_

**COMPLIANCE WITH THE GUIDELINE FOR FOOD PERMITS AT TEMPORARY FOOD EVENTS IS A REQUIREMENT**

*Pursuant to MGL Chapter 62C, section 49A, 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 OF APPLICANT :** \_\_\_\_\_

<b>BOARD OF HEALTH OFFICE USE:</b>
Name: _____
Fee Received: _____
Date of Application: _____
Permit Approved: _____