

Town of Salisbury

BOARD OF HEALTH

2023

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

Festival Permit Fee: \$50.00

Inspection Fee: \$75.00

Name of Festival / Function: _____

Name of Establishment: _____

Address of Establishment: _____ Tel#: _____

Name & Title of Applicant: _____

Address of Applicant: _____ Tel#: _____

Name of Certified Food Protection Manager

Contact Telephone number

Name(s) of designated persons in charge

Contact Telephone number

Copies of the following must be submitted with application:

- A. COPY OF EXISTING FOOD SERVICE ESTABLISHMENT PERMIT (if applicable)
- B. COPY OF CERTIFIED FOOD PROTECTION MANAGERS CERTIFICATE
- C. MENU ITEM(S) & EQUIPMENT LAYOUT (PLEASE REFER PAGE 2)
- D. CERTIFICATE OF INSURANCE OF GENERAL LIABILITY WITH PRODUCT LIABILITY

Emergency Response Person-Name: _____ Home Phone: _____

* Water Source: _____ Sewage Disposal: _____

* Bathroom Facilities: _____

* Days and Hours of Operation: _____

Pursuant to M.G.L. Ch 62C, sec. 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.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Equipment Layout must Include:

Provide hand washing facilities at site
Flooring
Fire Extinguisher
All other pertinent aspects of equipment layout

Refrigeration facilities at site
All equipment properly labeled
Sanitizers to be used
Bathroom Facilities