



TOWN OF WESTON

Board of Health
11 Town House Road
P.O. Box 378
Weston, MA 02493

Tel: 781-786-5030
Fax: 781-786-5039

Fee: \$30.00
Check # _____ **Cash ()**
Permit # PMF - _____

Temporary Food Establishment Permit Application

Please return 30 days before the event. Print legibly.

Name of Establishment:	Name of Event:
Name of Contact:	Location of Event:
Contact's Mailing Address:	Dates of Event:
Contact's Phone:	Hours of Operation:

MENU: List all food items or attach a separate sheet. Indicate if foods will be prepared in a licensed kitchen, at a temporary booth, or a retail purchase.

Food Source(s)	
Water / Ice Source & Storage	
Wastewater Storage & Disposal	
Trash Storage & Disposal	

On the back of this form, draw a sketch of the temporary booth set-up identifying all equipment, hand washing stations, food and single service article storage, worktables, and trash facilities. If applicable, describe surfaces of food preparation tables, floors, walls, and ceilings.

I understand that I must comply with the Board of Health regulations governing food establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or license required by any local, state, federal or other regulatory agency. Pursuant to M.G.L. Chapter 62 C sec.49A, I certify under 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: _____

Date: _____