



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7460
BOARD OF HEALTH

Application for Temporary Food Establishment Permit
Providing Pre-Packaged or Sample Foods

Name of temporary food establishment _____
Name of Operator/Owner _____
Mailing Address _____
Email Address _____
Telephone number _____ Cell # _____
Name of Event _____
Date and time and location of event _____
Date and time you will be set up and ready for inspection _____

Food establishment must provide copy of:

- Serv-Safe Certificate (if applicable) **and**
- Local BOH Permit for food establishment **OR**
- Mass DPH Permit for wholesale (commercial) establishment

Please list all foods and beverage items to be prepared and served at this event? _____

Will foods be prepared at the temporary event site? Yes ___ No ___

Describe (be specific) how frozen, cold, or hot foods will be transported to the temporary event? _____

How will temperatures be monitored during the event? _____

Statement: I hereby certify that the above information is correct, and understand that any deviation without prior approval by this BOH may nullify approval, and agree to strictly follow food safety and sanitary procedure to prevent cross-contamination and food-borne illness.

Signature _____ **Date** _____

2 weeks Prior to Event: Please call Rita for permit and fee charged for temporary events @ 978-874-7409 or rmconville@westminster-ma.gov