

The Commonwealth of Massachusetts
TOWN OF PLYMOUTH, MASSACHUSETTS
508-747-1620

Application for Permit to Operate a One Day Event

\$ 25.00 One Day Event Fee

MAKE CHECK PAYABLE TO: Town of Plymouth

RETURN TO: PLYMOUTH BOARD OF HEALTH, 11 Lincoln St., Plymouth, MA 02360

Legal Business Name (Corp., LLC, Etc.) _____

DBA (if different) _____

Business Address _____

Mailing Address _____

Business Phone _____ Person in Charge _____

Email Address (for permit) _____

Manager/Agent/Operator Name _____

Location Where Meals will be Prepared: _____

Dates of Event _____ Total Number of Days: _____

Location of Event _____ Name of Event: _____

Proposed Menu Items _____

Name of Certified Food Manager _____

Name(s) of person(s) Certified in Allergen Awareness: _____

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.

Social Security number or Federal Identification Number

Signature of Individual or Corporate Name

by _____

Corporate Officer (if applicable)

ALL APPLICANTS MUST PROVIDE A COPY OF THEIR FOOD SAFETY CERTIFICATE & ALL FOOD SERVICE LICENSES FROM THEIR TOWNS.

(Ex: a restaurant from Kingston would provide a copy of the town issued license from Kingston)

AND

THEIR ALLERGEN AWARENESS CERTIFICATION