



Department of Municipal Licenses and Inspections

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Joseph C. Sullivan
Mayor

APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT **(Please return one week prior to the event. Please type or print legibly.)**

1. NAME OF EVENT: _____
2. LOCATION OF EVENT: _____
3. NAME OF ORGANIZATION: _____
4. PERSON IN CHARGE: _____ PHONE #: _____
Address: _____
City/State/Zip: _____
5. DATE OF EVENT: _____ Starting Time: _____
6. TYPE OF FOOD TO BE SERVED: _____

7. HOW WILL *HOT* FOOD BE KEPT HOT? _____
8. HOW WILL *COLD* FOOD BE KEPT COLD? _____
9. Fee: \$35.00 Check #: _____
10. I/We certify that said business/organization to be located at the premises indicated will be operated in full compliance with all applicable regulations and all other local and state rules, bylaws and regulations pertaining thereto. I/We are responsible for knowing the contents of the applicable regulations as they pertain to said business/organization.

Signature

Received by department: _____ Date: _____