



COMMONWEALTH OF
MASSACHUSETTS
MILTON BOARD OF HEALTH
525 Canton Avenue
Milton, Ma 02186
(617) 898-4886 (617) 696-5172 FAX

In order to ensure that you can serve food at your temporary event, completed applications must be received in the Board of Health Office at least one week in advance of the event.

FOOD APPLICATION TO OPERATE AT A TEMPORARY EVENT

- Outdoor Event
 Indoor Event at Milton Licensed Facility
 Indoor Event at Unlicensed Facility

Today's Date: _____

Event Name: _____

Event Location: _____

Event Date(s): _____

Hours of Food Operation: _____

Event Sponsor: _____

Address & Phone: _____

Name, Title & Phone of Applicant: _____

Address of Applicant: _____

Person In Charge (PIC) During the Event : _____

(Each food permit requires a PIC unless the Event Coordinator provides one for the entire event. Effective October 1, 2001, for-profit operators must be Certified as Food Managers and copies of Certificates must accompany applications).

ADDITIONAL INFORMATION:

1. Proposed Menu (include all food items and beverages): _____

2. Name, Address & Phone of Food Preparation Facility (attach copy of license if not in Milton): _____

3. Name & Address of facility where equipment will be cleaned and sanitized? _____

4. Handwash Facility Location: _____ Toilet Facility Location: _____

5. Describe what you will do with leftovers: _____

(Cooked potentially hazardous foods must be discarded)

COMPLIANCE WITH THE GUIDELINE FOR FOOD PERMITS AT TEMPORARY FOOD IS A REQUIREMENT

Pursuant to MGL Chapter 62C, section 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.

SIGNATURE OF APPLICANT: _____