

**WENHAM BOARD OF HEALTH**  
**TEMPORARY FOOD SERVICE PERMIT APPLICATION**

**Fee: \$20 per event**

**Check No. \_\_\_\_\_**

Name of establishment: \_\_\_\_\_

Owners/Operators name: \_\_\_\_\_

Location: \_\_\_\_\_ Phone \_\_\_\_\_

Address of firm: \_\_\_\_\_

Type of establishment: Temp Food \_\_\_\_\_ Catering \_\_\_\_\_ Food Truck \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Please list licenses, permits, or registrations issued by state or federal agencies:

\_\_\_\_\_

**Federal I.D. or Soc. Sec. #**

Size of establishment: \_\_\_\_\_ Seating capacity: \_\_\_\_\_

Floor plan (attach diagram) of establishment including hand washing sinks and bathrooms:

Names and positions of employees trained and certified in choke-saving technique: (attach copies of certification)

Names and positions of certified food handlers: (attach copies of certification)

Describe your insect/rodent control program, including the name and address of exterminator and how many times a month the establishment is serviced:

I, the undersigned, have obtained and reviewed Article X of the State Sanitary Code.

\_\_\_\_\_ Date \_\_\_\_\_