



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

Application for a Temporary Food Event (1-14 Days)

Applications must be received 14 days prior to the event

Permit Fee: \$25 per event

Type of Establishment:

- Food Service
- Mobile Food Truck
- Licensed Residential Kitchen
- Retail Food
- Church/Non-Profit
- Caterer
- Other: _____

Name of Establishment: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ Phone Number: _____

Owner's Name & Phone Number: _____

Event Name: _____ Event Date(s): _____

Location of Event: _____ Hours of Operation: _____

Required Documentation:

- Copy of Food Manager Certification
- Copy of Allergen Awareness Certification
- Full menu of all items offered
- Proof of establishment/commissary/leased kitchen (permit, license, or recent inspection report)
- Copy of your license from the town/city where the food is prepared
- Copy of the latest inspection report
- A sketch or photo of the floor plan for your mobile truck/trailer or booth



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****All Ice Cream Trucks must be registered with the Warren Police Department. Please contact [413-436-9595](tel:413-436-9595) for the application process.**

*****Any Food Truck that carries more than 42 lbs. of propane must have a current Propane Permit issued by Warren Fire Department. Please contact [413-436-5444](tel:413-436-5444) to apply for permit.**

****** Incomplete permits will not be reviewed; please ensure you have submitted all necessary documentation.**

An inspection may be conducted prior to permit issuance. Please contact the Board of Health to schedule a pre-operational inspection.

Permit must be on-site at the day of the event.

Please contact the Board of Health with any questions.

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Board of Health, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Date: _____ Fee Paid: \$ _____ Check #: _____ Permit #: _____

Date of Review: _____

Reviewed by: _____