

P.O. Box 478  
48 HIGH STREET  
WARREN, MA 01083-0478

TEL: 413-436-5701

## WARREN BOARD OF HEALTH

Charles E. Shepard Municipal Building



### APPLICATION FOR A ONE DAY FOOD PERMIT

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

Date of event: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number of Applicant: \_\_\_\_\_

Name of Serve Safe Certified Personnel: \_\_\_\_\_

Address of Serve Safe Certified Personnel:  
\_\_\_\_\_

Phone Number of Serve Safe Personnel: \_\_\_\_\_

**If a Serve Safe Certified Person is applying for this permit, they are taking responsibility for the booth and all of the food handling and preparation. Please have them sign below.**

**I am Serve Safe Certified (Please attach copy of certification with permit.) I understand that I am the person in charge of this booth and that I will oversee all food handling at this function. If there are any violations I understand that I am to have them corrected immediately. I agree that by signing this I am solely responsible for the food handling at the booths/tables listed above.**

**SERVE SAFER PERSONNEL SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

Function is:

Fundraiser \_\_\_\_\_ Non Profit \_\_\_\_\_ For Profit \_\_\_\_\_

\*Applications for outside units must include a list of the handwashing and toilet facilities available on each route. Attach a separate sheet.

List of items that are going to be sold/given out.

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Items may NOT be cooked off premises and brought to this location, unless entirely prepared at a location that currently has a food permit.

If items are cooked off premises please state where:

\_\_\_\_\_

Payment (\$75.00) per booth selling or handing out food. Make checks payable to the Town of Warren. **Fee is waived for each booth having a Serve Safe Staff person working booth for the entire operating time.**

**FOR BOARD OF HEALTH USE ONLY**

Date Received

Date Inspected

Approved By

Permit No. Issued

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