



town of
LONGMEADOW, MASSACHUSETTS

phone: (413) 565-4140 20 Williams Street 01106



BEVERLY S. HIRSCHHORN, CHO, MPH
Health Director

BOARD OF HEALTH
MICHAEL COPPOLA, M.D.
BARRY IZENSTEIN, M.D.
ROBERT RAPPAPORT, D.M.D.
RICHARD STEINGART, M.D.
MARY P. TOYE, R.N., M.S.

APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

Name _____

Address _____ Tel. No. _____

Place _____ Date _____

Menu _____

Source of Food

A. Where prepared

B. By Whom

Food Protection

A. How will hot foods be maintained at safe temp? (150 or above)

En route _____

At site _____

B. How will cold foods (perishable) be maintained at safe temps?

En route _____

At site _____

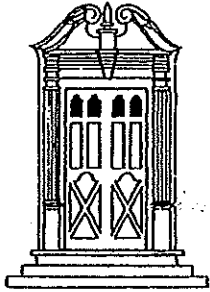
C. Type structure for food service and preparation

Tent _____ Mobile Unit _____ Enclosed area _____ Other _____

THE ABOVE INFORMATION IS REQUIRED TO BE SUBMITTED, IN ACCORDANCE WITH REGULATION 20 OF ARTICLE X OF THE STATE SANITARY CODE. THIS PERMIT IS VALID ONLY FOR THE DATE OR DATES SPECIFIED, AND IN NO CASE TO BE VALID FOR OVER FOURTEEN DAYS.

Signature _____ Date _____

For Businesses Only



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**MANDATORY CERTIFICATION FOR APPLICANTS
FOR BOARD OF HEALTH LICENSES**

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 Individual or Corporate Name
(Mandatory)

By: Corporate Office Mandatory, if Applicable

Social Security or Federal Identification Number
(Voluntary)

Your license(s) will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass G.L.C. 62C. S.49A.